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COLONY OF MAURITIUS

Annual Report

ON THE

Medical and Health Department

1955

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Annual Report of the Medical and Health Department, 1955

PART I

General Review

The Island lies between latitude 19°50 and 20°31 South and longitude 57°18 and 57°48 East of Greenwich. The total length North to South is nearly 39 miles and its breadth East to West is 29 miles. The area of the Island is 716 square miles and that of the islets round the coast 4 square miles, making a total of 720 square miles (460,800 acres). The ground rises to an elongated central plateau, lying roughly North-South, the altitude of which above sea level is 1800—1900 feet. It is bounded on the North, East and South-West by abrupt and broken mountain ridges. On the South and South-East it slopes gradually to the sea. The highest mountain peak is 2,711 feet.

2. Although Mauritius lies just within the tropics, its climate is on the whole comparatively mild and equable. There are, however, very sensible variations of climate in the different parts of the Island. The maximum shade temperature recorded on the northern plains (180 feet above sea-level) has never exceeded 95°F (35°C) and over the central tableland (1,800 feet) the maximum seldom reaches 80°F (27°C), but the high relative humidity renders the heat oppressive at certain times of the year and causes considerable discomfort, especially in the lowlands: for the same reason, the winter in the highlands is uncomfortable, though the temperature never falls below 45°F (7°C).

3. Rainfall is abundant, but varies considerably in different parts. The annual mean varies from less than 30 inches on the north and west coast to 150 inches in parts of the central plateau, where in some years the rainfall has been known to reach nearly 200 inches. Tropical cyclones are frequent in the vicinity of the Island during the summer months (December to April) and have at times caused considerable damage to crops, trees and structures, and on rare occasions, even loss of life. The last cyclone to pass over Mauritius was in 1945, when wind forces of about 100 miles per hour were experienced.

4. The following notes summarize the main weather features for the year 1955:—

(a) *Cyclones.*—Two tropical depressions came fairly near Mauritius at the end of February and in early March, but the wind speed only just exceeded an average speed of 30 knots over a whole hour, with a maximum gust of 62 knots, and very little damage was caused.

(*b*) *Rainfall.*—January and almost the whole of February were very dry. However, heavy rains fell in the last days of February, followed by four months of rainfall above normal. September was wetter than normal while October was very dry. Averaged over the whole Island for the year, rainfall was about one fifth above normal.

(*c*) *Temperature and sunshine.*—Variations of temperature from the seasonal normal are generally low in Mauritius. In 1955 the maximum day temperatures were on the average nearly 1°C higher in January and 1°C lower in June, October and December. Minimum night temperatures were somewhat high in March, June, July and August and about 1°C lower in October. Sunshine amounts were high in April and 60 hours (or nearly 30 per cent) less in October in spite of the low rainfall of that month.

(*d*) *Humidity.*—In May, June and December the air was more humid than usual with about 5 per cent excess relative humidity, while January, February and April were about 5 per cent less humid than usual.

5. The population lives mainly on the proceeds of sales of its sugar, record crops of which have been produced during the past few years. The whole economy is dependent on this single crop which constitutes about 97 per cent of the domestic exports. The Colony produces comparatively little food: a small quantity of maize, insignificant quantities of rice, some potatoes and other root crops, and vegetables and fruits. The bulk of the food is imported.

6. In relation to its resources, Mauritius is overpopulated. The density of population in the towns and in some villages is very large and matches that of some of the most densely populated regions of the world. The population, which is now well over three times what it was a century ago, has increased from 405,020 in 1939 to 549,094 in 1955.

7. The general health of the population of Mauritius continued to show very marked improvement and the following facts summarize the results achieved in the space of ten years:—

(*a*) malaria has been virtually eradicated;

(*b*) the general death rate has fallen from 29·5 per thousand in 1946 to 12·9 in 1955;

(*c*) infant mortality has dropped from 145·2 per thousand live-births in 1946 to 67·2 in 1955;

(*d*) maternal mortality has decreased from 10·39 per thousand births in 1946 to 1·47 in 1955;

(*e*) the number of cases of enteric fever notified has declined from 627 in 1946 to 66 in 1955.

8. An impression of solid achievement emerges from perusal of the figures published hereunder:—

Year	*Death Rate per $^{0}/_{00}$*	*Infant Mortality Rate per $^{0}/_{00}$ live births*	*Maternal Mortality Rate per $^{0}/_{00}$ births*	*Cases of enteric fever notified*
1946	29·5	145·2	10·39	627
1947	20·1	113·9	5·25	405
1748	23·8	136·2	4·13	371
1949	16·6	91·0	3·79	316
1950	13·9	76·3	3·51	319
1951	14·9	83·5	3·24	326
1952	14·8	80·8	3·20	252
1953	16·1	93·5	2·71	108
1954	16·0	81·1	1·70	88
1955	12·9	67.2	1·47	66

9. The figures relating to expectation of life may also be quoted. In 1952, 44.8 per cent of males and 52.3 per cent of females born had a chance of survival to 60 years of age as compared with 15.9 per cent and 22·5 per cent respectively in 1944. Between 1944 and 1952 the expectation of life at birth increased by 17·6 years in the case of males and by 18·5 years in the case of females.

10. It is necessary once more to draw attention to the increase in population which is continuing at an alarming rate in a territory of the size of Mauritius. The 1955 figure is 15,882 as compared with 13,464 in 1954. In considering present and future trends of reproductive rates, it is significant to bear in mind the notable increase in the younger age groups of the population and the early age at which a large number of women marry, factors which render more intricate the solution to a difficult problem.

11. Improved health conditions and the increase in the natural growth of the population demand further action from all those who are in a position of responsibility. There is no denying that hospital accommodation has become inadequate for present needs. There is already a shortage of general hospital beds to which must be added annually the number required to provide for the natural growth of the population. The situation is not easy because the financial resources of Mauritius are limited and, even if it were possible to make available at once the money needed for buildings and equipment, it would be difficult to train concurrently all the professional and auxiliary staff required.

12. The following projects are in progress under the Development and Welfare ten-year plan for the period the 1st July, 1946 to the 30th June, 1955:—

(a) an Orthopaedic Hospital, a major institution for the care and treatment of victims of poliomyelitis and cripples, in the vicinity of Victoria Hospital;

(b) a Nurses' Home for the in-service training of nurses;

(c) the improvement and extension of water supplies which, when completed, will give Mauritius a unique position in that every inhabitant will have at his disposal chlorinated water.

13. A plan for the further expansion of the medical and health services for the period 1955–1960 was under consideration.

14. The demand made on the services provided by the Medical and Health Department has considerably increased, as reflected in the figures quoted hereunder and every division has been working beyond what might have reasonably been considered full capacity:—

Year	*In-patients all hospitals*	*Out-patients static Dispensaries*	*Out-patients Mobile Dispensaries*	** No. of Surgical Operations*	*Examinations made by the P. H. Laboratory*
1930	26,773	189,656	—	6,017	14,199
1935	27,908	270,726	—	7,509	9,269
1940	28,073	378,588	—	10,129	not available
1945	27,321	293,621	—	8,377	20,522
1950	28,303	303,549	46,653	14,680	33,249
1955	29,383	457,114	92,149	34,192	62,575

While the expansion programme is progressing, measures have to be adopted for saving bed and for giving priority to patients requiring urgent medical attention. Maximum use is therefore being made of the satisfactory network of out-patient departments.

15. Training of ancillary personnel to meet the requirements of the expanding curative and preventive services proceeds as fast as circumstances permit. It would be most unwise to lower professional standards in an attempt to build up numbers and great care is taken to maintain a fairly high standard of training all round. There is a reasonable supply of good candidates for training as health inspectors, laboratory technicians and radiographers, but several years must pass before experienced staff is available to meet all requirements. One of the major gaps which the Department is trying hard to bridge is the inadequacy of tutors.

16. The following health facilities were available in the Island in 1955:—

A. MEDICAL AND HEALTH STAFF

	Government	*Private*
Registered doctors	53	42
Principal Matron	1	—
Matrons	4	—
Senior Nursing Sisters	3	—
Nurses in hospitals	139	—
Dressers in hospitals	212	—
Superintendent of Midwives	1	—
Midwives	67	—
Sanitary Inspectors	57	—
X-Ray Specialists	1	1
Assistant Radiologist	1	—
X-Ray technicians	3	—
Pharmacists	1	33
Dentists	4	25

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* Includes figures from the Orthopaedic Centre.

B. GOVERNMENT INSTITUTIONS

	No. of Institutions	*No. of Beds*
General Hospitals	8	1,197
Dispensaries... (including 2 in the Prisons) ...	48	—
Specialised Units :—		
(*a*) Maternity and Child Welfare Centres	8	—
(*b*) Leprosarium	1	62
(*c*) Mental Hospital	1	707
(*d*) Orthopaedic Hospital	1	203
(*e*) Prisons Hospitals	2	46
Mobile Uuits :—		
(*a*) Dispensaries	4 units	—
(*b*) Ante-natal clinic	1 unit	—
(*c*) Dental clinics	2 units	—

C. PRIVATE INSTITUTIONS

Hospitals on sugar estates	33	738
Dispensaries on sugar estates	8	—
Nursing Homes	3	—

17. The year under review was free from any epidemic manifestation and was favourable in regard to the incidence of infectious diseases. Control and prevention of disease is one of the primary functions of the Department and the main public health problems are pulmonary tuberculosis, mental diseases, anaemia and intestinal diseases. All efforts are therefore concentrated on the improvement of the general standard of health and nutrition, stress being laid on the care of mothers and children.

18. No cases of quarantinable diseases have occurred for a considerable time, but the frequency and speed of international traffic by air and by sea necessitate the maintenance of a well-organised port and airport health service to protect the Colony. The conclusion of a successful malaria eradication campaign which has also secured the elimination of *Aedes aegypti* necessitates vigilance to ensure that former enemies are not re-introduced or new insect vectors imported.

19. A most gratifying feature of recent years is the sustained interest which the public has continued to evince in all matters affecting health and hygiene. To reach all its objectives, a health service requires the joint effort of the authorities and of the people themselves. It is the responsibility of the authorities to provide preventive and curative measures for the protection of the community, but it is essential that the full cooperation of the community be secured. Publicity and educational propaganda can go a long way towards stimulating this co-operation. There is ample evidence that health education is readily acceptable to the population of Mauritius and with a view to extending further the Department's activities in this vital sphere, a number of the staff has gone to the United Kingdom to follow a specialised course. A debt of gratitude is owed to the World Health Organization for having provided a fellowship to that end.

20. Health education is also an important task of the School Medical Service. The School Medical Officers, the School Nurses and the Nutrition and Health Assistant co-operate with the teaching staff of the schools to emphasize health practices and their application in the home where some of the hygienic habits the child has learnt at school risk being lost. It is encouraging to note that there has been a general improvement in the cleanliness of schoolchildren.

21. Dental surveys which have been carried out since 1952 have confirmed an unsatisfactory state of affairs in regard to dental caries and dental sepsis. A further survey was conducted during the months of November and December, and six schools in different parts of the Island were visited. Of the 3,157 children examined, only 306 or 9.5 per cent, mostly among the general population, were found to have teeth free of caries. Children of Chinese origin were found to be the most affected by caries. The findings of this special survey are summarised below:—

Age	*No. of children examined*	** Deciduous teeth D.M.F. per child*	** Permanent teeth D.M.F. per child*
6	432	4·83	0·36
7	363	5·06	0·84
8	363	4·73	0·9
9	443	3·13	1·60
10	440	2·78	1·74
11	232	2·17	3·14
12–13	384	0·70	3·10

22. A programme of dental health education has been initiated, but it takes time to educate the educators and to enlist the support of the population. Another recognised method to deal with the problem of dental caries is the ingestion of fluorine through the water supplies, and a proposal for the fluoridation of water is under examination. It is known that the water available in Mauritius is seriously deficient in fluorine.

23. Mental diseases continue to remain an outstanding problem for which the increase of population, the stress of modern life and other factors such as alcoholism are largely responsible. Alcoholism is undoubtedly a major etiological factor, acting directly or in association with psychoses when it becomes the precipitating factor. Other important causes are malnutrition, particularly among women, heredity and domestic worry. A disquieting feature is the increase in the number of gandia addicts: 14 were admitted to the Mental Hospital during the year as compared with 3 in 1954. It might be that people are becoming more alive to the fact that addicts benefit by treatment from the psychiatrist, which would explain why more cases

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* Decayed, missing, filled.

come to light now than in the past. Formerly gandia addicts were found nearly always among members of the Indo-Mauritian population, but many of the persons admitted for treatment in 1955 belonged to the general population. The only way in which *cannabis* (known locally as *gandia* or *bhang*) is used by addicts is by smoking the dried leaves of the *cannabis* plant, usually mixed with tobacco and made into cigarettes.

24. Although new methods of treatment have considerably reduced the period of stay in hospital of patients suffering from mental conditions, the additional accommodation which had been provided at the Mental Hospital to bring the bed strength to nearly 700 is already inadequate, and the need for further extensions is felt.

25. The provision of a rehabilitation division for the Mental Health Service is under active consideration.

26. In the field of Maternity and Child Health, services are provided jointly by the Department and by the Maternity and Child Welfare Society. The Society works in close co-operation with the Department and receives a substantial grant from the Government. The services provided are very popular but it has not been possible to train all the staff necessary to cope with the heavy demand from the public. The expansion planned for 1955 could not be fully implemented but increased assistance was given through the various static centres, the mobile units, the hospitals and the domiciliary midwifery service. The better provision available for mothers and their infants is reflected in a further substantial fall in the maternal and infant mortality rates.

27. A building for the X-Ray therapy department was completed during the year and therapy sets have been installed. This development and a greater supply of radium have made possible the provision of an adequate service for the treatment of cancer.

28. The general health of workers on sugar estates showed no abnormal variations from the previous years. Estate camps are visited at regular intervals by Sanitary Inspectors and close liaison exists between the Labour and the Health Departments. Satisfactory medical facilities are provided on the estates and on some of them these are indeed of a high order. Further progress has been made in the sugar industry's housing programme and a greater number of employees are now housed in modern and sanitary dwellings.

29. The Blood Transfusion Service is still run with the assistance of the St. John Ambulance Association, the Stretcher Bearers' Association and the Mauritius Branch of the Red Cross Society. An attempt is always made to obtain the blood required for a transfusion from a relative or friend of the patient, but when this proves impossible and in cases of emergency, donors are immediately supplied by the Blood Transfusion Service.

30. The Director of Medical Services acts as Registrar of the Blind. The total number of blind persons registered in 1955 was 56, distributed as follows:—

Age Group (Yrs)	*1–4*	*5–14*	*15–24*	*25–44*	*45–64*	*65–74*	*Totals*
Female ...	1	—	3	5	21	2	32
Male ...	—	2	2	11	9	—	24
TOTALS ...	1	2	5	16	30	2	56

If these figures are compared with those published by the World Health Organization, the incidence of blindness in Mauritius would appear to be one of the lowest in the world, the rate being 10·19 per 100,000 of the population, calculated on the mid-year population which was 549,094.

31. The Welfare of the Blind and the Prevention of Blindness Society, of which the Director of Medical Services is a member, has done and continues to do much for the welfare of the blind. The Society is planning to build a modern school and training centre for the blind. A suitable plot of land is already available and it is hoped to commence the construction of the building in 1956.

32. The survey of deaf and dumb children continues and so far 55 names appear in the register.

33. An examination of the statistics of morbidity and mortality in hospital for the last seven years reveal that injuries, poisonnings and violence account for, by far, the greatest number of admissions to hospital. Comparative figures for the calendar year 1949 to 1955 are given hereunder:—

ADMISSIONS TO HOSPITAL ON ACCOUNT OF INJURIES, POISONINGS AND VIOLENCE (SECTION XVII OF THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSES OF DEATH 1948)

Year	*Admissions on account of injuries*	*Total Cases treated in hospitals (all causes)*	*% of Cases of injuries to total cases treated*	*Deaths in hospital on account of injuries*	*Total Deaths in hospital (all causes)*	*% of Deaths due to injuries to total deaths in hospitals*
1949	3,715	24,367	15·25	176	1,177	14·95
1950	4,490	24,276	17·33	100	1,131	8·84
1951	4,683	29,039	16·13	106	1,186	8·94
1952	4,371	29,447	14·84	88	1,175	7·49
1953	4,025	30,198	13·33	101	1,173	8·61
1954	3,714	26,669	13·93	96	1,109	8·66
1955	3,499	25,188	13·89	127	1,158	10·97

The use of the punched card system for the computation of medical statistics has made possible a detailed analysis of these causes of injury. The more significant figures, in order of importance, are:—

(a) those for homicide and injury purposely inflicted by other persons: 119 people were admitted on account of assault by means of cutting and piercing instruments, and 445 by other means (i.e., by fist, blunt instrument, etc.);

(b) those for what may be labelled " road " accidents: motor vehicle traffic accidents come in for a very large share and of these, motor vehicle accidents to pedestrians represented a very high proportion;

(c) burns accounted for a fairly large number of admissions;

(d) suicide and self-inflicted injury accounted for 110 admissions to and 11 deaths in hospital.

It must be borne in mind that the figures quoted above refer only to the injured admitted to hospital and do not include those treated for injuries as out-patients, and whose condition was not serious enough to necessitate admission. The number of people treated for injuries at static dispensaries and out-patient departments of hospitals was 48,753.

34. The suicide mortality rate for the past ten years is given below:—

Year	*Rate per 100,000 population*
1946	7·31
1947	11·56
1948	7·92
1949	8·87
1950	6·45
1951	7·23
1952	5·38
1953	5·22
1954	6·59
1955	9·10

35. Dr. Pierre Clément, Public Health Administrator of the African Regional Office of the World Health Organization, visited Mauritius between the 4th and the 12th June to discuss our health problems and find out in which direction aid from the Organization would be most useful to the Colony. A number of projects were considered and a plan of operations was drawn up for technical assistance from and the supply of equipment by the World Health Organization in the field of tuberculosis control. It is anticipated that the first team of experts would arrive in 1956 and that all the equipment would be delivered during the same year.

36. The likelihood of assistance from the Organisation for a nutrition control project was also explored with Dr. Clément, and following these discussions, Professor A. W. Woodruff, F.R.C.P., of

the London School of Tropical Medicine and Hygiene and Consultant to the Organisation, visited the Colony in October to study the nature and extent of the prevailing malnutrition and anaemia as a preliminary step in the formulation of a prevention programme. He examined a number of cases of malnutrition and anaemia in the dispensaries and the hospitals, carried out investigations on labourers and artisans employed on the sugar estates, and was afforded all facilities for laboratory work. He left on the 30th October and his report is awaited.

37. Other visitors from overseas included:—

Sir Christopher Cox, K.C.M.G., Educational Adviser to the Secretary of State;

Dr. H. G. Baity of the Division of Environmental Sanitation, World Health Organization;

Dr. A. M. Gouère, Deputy Director of Medical Services, Réunion.

FINANCE

38. The revenue of the Colonial Government for the financial year 1954–55 was Rs 121,805,177 of which Rs 231,135 was received through the Health Department. The total expenditure on Medical Services was Rs 10,811,717. This represents a sum of Rs 19.69 per head of the estimated population at the 31st December, 1954.

LEGISLATION

39. The main measure was the Pharmacy and Poisons Ordinance (No. 44 of 1955), whose object is to consolidate and amend the law on pharmacy so as to bring it more up to date and to make necessary improvements with respect to matters connected therewith. Most of the changes and improvements which have been introduced are based on the United Kingdom law on pharmacy and in particular the provisions of the Pharmacy and Poissons Act, 1938.

Other measures were as follows:—

(a) the Dangerous Drugs Ordinance (Relaxation) Proclamation, 1955, (No 3 of 1955), providing that section 32(1) of the Dangerous Drugs Ordinance 1950, shall cease to apply to the drugs Methyldesomorphine (6—methyl— $\triangle^6$ —Desoxymorphine) and Diacetyl—N—Allylmormorphine;

(b) the Dangerous Drugs Ordinance (Application) Proclamation, 1955, (No. 4 of 1955), extending the application of Part IV of the Dangerous Drugs Ordinance, 1950, to certain drugs;

(c) Proclamation No. 22, under section 198 of the Public Health Ordinance, (Cap. 277) to order the closing of Rose Belle private slaughter house;

(d) the Dangerous Drugs Ordinance 1950 (Application) (No. 2) Proclamation, 1955 (No. 23 of 1955), extending the application of Part IV of the Dangerous Drugs Ordinance, 1950, to certain drugs;

(*e*) the Pharmacy (Addition to list of Poisons) Order, 1955, being an order made under section 37 of the Pharmacy Ordinance (Cap. 275), amending Part I of Schedule A to the Pharmacy Ordinance by adding a number of substances to the list of poisons;

(*f*) the Food and Drugs (Wine (Amendment) Regulations, 1955 (Government Notice No. 33 of 1955), being Regulations made by the Director of Medical Services under section 10 of the Food and Drugs Ordinance (Cap. 267), and giving directions as to the manner in which imported wine bottled in the Colony should be sealed and labelled;

(*g*) Government Notice No. 38, being Regulations governing the employment of nurses in public and mental hospitals, to revoke Regulation 3 of the Regulations published as Government Notice No. 257 of 1926 and provide for the period of probation of nurses (2 years) and their medical examination as to their fitness for service;

(*h*) Government Notice No. 56, being Rules made by the Director of Medical Services for pupil midwives in public hospitals;

(*i*) Government Notice No. 57, being Rules made by the Director of Medical Services for nursing students in public hospitals;

(*j*) Government Notice No. 68, cited as the Food and Drugs (Wine) (Amendment No. 2) Regulations 1955, being Regulations made by the Director of Medical Services under section 10 of the Food and Drugs Ordinance (Cap. 267) to amend Regulation 3 of the Food and Drugs (Wine) (Amendment) Regulations, 1955.

(*k*) the Midwives' Regulations, 1955 (Government Notice No. 80 of 1955), being Regulations made by the Midwives' Board under section 11 of the Midwives' Ordinance (Cap. 273);

(*l*) General Notice No. 687, made under section 161 of the Public Health Ordinance (Cap. 277), to select and appoint certain portions of land to form part of the Rivière des Galets Cemetery.

BUILDINGS

40. During the year two houses were completed at Mahebourg and occupied by two Sanitary Inspectors who are thus assured of satisfactory accommodation near the airport, on which an important part of their activities is concentrated. Another house was taking shape in Moka. A rural dispensary was completed at Terre Rouge in the North, and the construction of another was started at Bel Air in the East. The Health Centre at Rose Hill was due to be ready shortly after the New Year and to start functioning at the beginning of February 1956. The Nurses' Home near Victoria Hospital had reached the final stages of construction at the end of December. The new Orthopaedic Hospital had also reached an advanced stage and was expected to be ready for occupation by the middle of 1956. To be

assured that this major building would soon be ready was a great relief, since, in the meantime, orthopaedic cases continue to be treated at Floréal in temporary buildings which have reached such a state of decay as to give rise to serious disquiet when there is a cyclone in the neighbourhood. Throughout the recent years, the Department, assisted by the Mauritius Branch of the Red Cross Society, the Stretcher Bearers' Association and other voluntary helpers has had an emergency organization afoot to ensure that orthopaedic patients would be expeditiously removed to safer shelter in case of a serious cyclonic threat.

PART II

Functions and Organisation of Department

41. The functions of the Medical and Health Department are:—

(a) to investigate the influence of social, environmental and domestic factors on the incidence of human disease and disability;
(b) to plan and carry out measures for the promotion of health;
(c) to institute and maintain measures for the prevention of diseases;
(d) to provide a quarantine service to prevent the introduction of infectious disease by sea or air;
(e) to provide facilities for treatment of disease, including mental disease, by maintenance of hospital and dispensary services;
(f) to make provision for the rehabilitation of the disabled;
(g) to control the practice of medicine, dentistry and pharmacy;
(h) to provide facilities for the training of nurses, midwives and sanitary officers;
(i) to advise local authorities regarding their health services and to inspect those services;
(j) to prepare and publish reports and statistical or other information relating to health.

Administration

STAFF

42. The activities of the Department are coordinated by the Director of Medical Services assisted by two Deputies. The official establishment staffing and operating the preventive, curative and investigative services consists of:—

3 Medical Superintendents.
5 Specialists.
2 Part-time Specialists.
2 Pathologists (1 post vacant).
2 Senior Medical Officers of Health.
1 Medical Officer of Health (post vacant).
33 Medical Officers (11 posts vacant).
1 Woman Medical Officer.

3 Schools' Medical Officers (2 posts vacant).
4 Part-time Medical Officers i/c Mobile Dispensaries.
3 Temporary Medical Officers.
1 Assistant Orthopaedic Surgeon.
1 Assistant Radiologist.
1 Assistant Tuberculosis Officer.
1 Assistant Anaesthetist.
4 Dental Surgeons.
2 Chemists.
1 Pharmacist.
1 Rehabilitation Officer.
1 Principal Matron.
4 Matrons.
1 Superintendent of Midwives.
2 Physiotherapists (1 post vacant).
1 Assistant Superintendent of Midwives.
1 Assistant Matron.
2 Occupational Therapists (1 post vacant).
15 Laboratory Assistants.
38 Senior Dressers and Nurses.
414 Dressers and Nurses (78 posts vacant).
69 Midwives (2 posts vacant).
76 Hospital Attendants, Sisters of Mercy, Assistant Nurses, District Visitors, Village Health Workers.
5 Senior Sanitary Inspectors.
1 Port Health Inspector.
1 Officer i/c Harbour Disinfecting Station.
62 Sanitary Inspectors, Assistant Inspectors, Market Inspectors.
1 Steward Quarantine Station.
1 Transport Officer.
2 Storekeepers.
34 Clerks and Assistant Clerks.
9 Typist Stenographers.
12 Secretaries.
1 Registrar of Health Statistics, 1 Compiler.

Malaria Organization:—

1 Medical Officer of Health (post vacant).
1 Entomologist (vacant).
1 Malaria Survey Officer.
1 Field Officer.
1 Surveyor.
1 Senior Malaria Inspector.
6 Malaria Inspectors, Grades I and II.
1 Laboratory Assistant.
5 Junior Laboratory Assistants.
1,350 Others, including storekeepers, headmen, drivers, field workers, labourers, watchmen, etc.

ENTOMOLOGICAL DIVISION

43. The work of the Entomological Research Unit which was carried out under a special grant from Colonial Development and Welfare Funds came to an end in July. Mr. J. G. Halcrow, H.Sc., the entomologist in charge, left the Colony in August after submitting a valuable paper on " The Natural History of Anopheles *gambiae Giles* in Mauritius ", which will be published separately. For three years Mr. Halcrow and his collaborators collected information and made investigations concerning the history, habits and vectorial status of *A. gambiae*. The future work of the Insect Borne Diseases Division will be considerably influenced by the findngs of Mr. Halcrow.

44. The post of Departmental Entomologist being vacant, Mr. Halcrow, in addition to his research duties, kept an eye on the activities of this branch until he left the Colony in August. After his departure, the work of the branch was controlled by his principal assistant acting in liaison with the Officer in charge of the Insect Borne Diseases Division.

PERSONNEL

45. The medical establishment was increased by four medical officers and two assistant specialists, but two medical officers resigned and two more retired from the Service on reaching the age limit, so that the shortage of medical staff continued. Nine medical officers were on leave in Europe, of whom one was studying for the diploma in oto-rhino-laryngology which he obtained at the end of the year, one for the Fellowship of the Faculty of Anaesthetists, obtaining the D.A. in May, and one for the diploma in radio-diagnosis. One medical officer was following a refresher course in surgery and another one a course in orthopaedic surgery. A senior Medical Officer of Health made a tour of visits in the United Kingdom and in Scandinavia under the auspices of the World Health Organization.

46. One Sanitary Inspector followed a course in Environmental Sanitation and another one began a course in Health Education, in both cases under fellowships granted by World Health Organization.

47. One member of the Radiology Division completed his course and obtained the Diploma of the Society of Radiographers.

48. Many more years will elapse before the Department can have its full complement of experienced nurses. The number of probationers was, however, reasonably high, 208 being under training during 1955, of whom 57 obtained their certificate after completing their course successfully. Of the four Mauritian girls who were training in nursing in the United Kingdom, two obtained the S.R.N. certificate and started on the course for the Orthopaedic Nursing certificate.

TRAINING OF MEDICAL AND HEALTH STAFF

49. Conditions and qualifications required are as follows:—

(*a*) no one may practice medicine and surgery in Mauritius unless he is the holder of either a qualification which renders him eligible for registration in the United Kingdom or a State degree in medicine delivered by any of the Faculties of France;

(*b*) persons authorised to practise as pharmacists in the Colony are those possessing diplomas or certificates entitling them to practise as Pharmaceutical Chemists or Chemists and Druggists, or as Apothecaries in the United Kingdom, or provided with diplomas as chemists and druggists or pharmacists from foreign Universities or Colleges, and authorised by virtue of a Commission issued to them by the Governor on the recommendation of the Pharmacy Board, to act as pharmacists in the Colony; or persons who obtain a Colonial diploma of pharmacist under the provisions of the Pharmacy and Poisons Ordinance, 1955, and are authorised by the Governor as aforesaid, to practise as pharmacists;

(*c*) the conditions governing the practice of dentistry are identical to those applicable to doctors: the majority of the dentists have qualified in the United Kingdom;

(*d*) nurses and midwives must be registered at the Medical and Health Department before being allowed to practise: only those trained in the United Kingdom and in Mauritius are eligible for registration;

(*e*) Sanitary Inspectors trained in the United Kingdom or in Mauritius are employed by the Department and one local authority.

There are no facilities available locally for training doctors and dentists. Persons wishing to obtain the local diploma of pharmacist study under private tuition and have to pass an examination arranged by the Pharmacy Board under the Pharmacy and Poisons Ordinance, 1955. The training of nursing staff has since 1948 been raised to a standard much higher than that accepted in pre-war days and the training course has been extended to three years for the general nursing certificate with an additional year for the midwifery certificate: examinations are set on a syllabus which is very similar to that of the United Kingdom. In the case of midwives, the training course extends over 18 months, one-third of that time being spent on the District Midwifery Service. After passing their final examination, nurses and midwives are generally employed by the Department, where they acquire additional experience. A few resign to go into private practice or join the staff on sugar estate hospitals. Sanitary Inspectors are trained during 18 months on a syllabus similar to that of the Royal Sanitary Institute. After passing the final examination, they are all employed by the Medical and Health Department.

50. There were 174 nursing students in training on the 1st January, whilst 13 certificated nurses were preparing for the midwifery certificate. Forty-five more probationers, including 5 pupil midwives, were enlisted during the year. Four probationers had been sent to the United Kingdom to train as nurses and two of them became State Registered Nurses during the year. There were five sanitary Cadets in training: three of them were successful at the final examination.

MEDICAL STORES AND THE PHARMACEUTICAL SECTION

51. The stores sections is in the charge of a Chief Storekeeper who is responsible for storing and distributing drugs, desssings, bedding and clothing, surgical instruments and other equipment. The Pharmacist is responsible for the whole pharmaceutical service and assists the Director of Medical Services in supervising the placing of orders for drugs and special dressings. He is also responsible for the Pharmaceutical Laboratory. Pending the construction of a suitable building, this laboratory is temporarily accommodated at the Victoria Hospital. The policy adopted is not to import anything that can be manufactured in the Department and this policy has led to considerable savings on the preparation of infusion fluids and injections. In consequence of the expansion of the curative services, the consumption of essential drugs increases steadily and the expenditure on certain items in 1955 was five and even ten times the expenditure in 1952 and 1953.

PART III

Curative and Investigative Services

I. HOSPITALS

52. A summary of the distribution of public hospitals and beds is given below:—

Hospital	*Number of beds*	
Civil Hospital, Port Louis	410	
Victoria Hospital, Quatre Bornes ...	263	
Long Mountain Hospital	65	
Poudre d'Or Hospital	70	
Flacq Hospital	115	
Mahebourg Hospital	105	
Souillac Hospital	89	
Moka Hospital	80	
		1,197
Special Institutions:—		
Mental Hospital	707	
Leper Settlement	62	
Orthopaedic Centre	203	
		972
GRAND TOTAL		2,169

53. Table I indicates the work performed at the various hospitals: 29,383 in-patients were treated during the year as compared with 31,048 during 1954, 31,909 during 1953 and 31,206 during 1952. The greatest number of admissions into hospitals is recorded in the inter-crop season when overcrowding in hospitals, with all the risks it carries, becomes quite conspicuous.

54. Comparison with the figures published in the previous year's report will show that there was no addition to the number of beds available. When the amount of work performed at the hospitals is considered, it is realised how great is the strain thrown on the staff and why, as already pointed out in the introductory chapter, admissions to and periods of stay in the hospitals must be limited. Owing to the present shortage of beds, priority is whenever possible given to patients requiring immediate curative treatment in an institution and many a case has to be refused in-door treatment or to be discharged prematurately.

55. A problem of the hospital service is to deal with the chronic sick. The majority of such cases are old people who more often than not require no active treatment: they are sent to the hospitals either because they are destitute and have no one to look after them and nowhere to go, frequently because their responsible relatives will not care for them. To justify their high cost, hospital beds must be used to the best advantage and it is distressing to note that a number of those costly beds are constantly occupied by the chronic infirm who can no longer benefit from medical treatment, while the admission of the more deserving patient has to be retarded because beds are filled by another category of cases. This problem is economic and human. It is being eased by making more use of the infirmaries, of which there are a number in the Colony and which can adequately look after this class of case. This need should be kept in mind in planning for the future. The increase in the expectation of life with the resultant ageing population points to the advisability of providing more infirmary beds, which are less costly than those of the hospitals.

56. The services of specialists are centralised at the two major centres of treatment where specially trained and experienced teams collaborate under the best possible conditions. Posts are established in surgery, orthopaedics, anaesthetics, radiology and tuberculosis and there are special posts of assistants for the four last-named specialists. In addition, two ophthalmologists serve in a part-time capacity and are available for any emergency.

RADIOLOGY

57. Another radiologist arrived in December to share the burden of the work with a staff strained to the utmost. A new diagnostic set was put into commission in March.

58. The total number of patients referred to the X-Ray Division was 21,024 as follows:—

(*a*) Gastro-intestinal cases	2,629
(*b*) Chest	7,213
(*c*) Orthopaedic	10,327
(*d*) Gall bladder	98
(*e*) Plain abdomen (e.g. pregnancies etc.) ...	487
(*f*) Urinary tract	277

59. The number of patients accepted for radium treatment totalled 81, distributed as under:—

Carcinoma of the uterus	72
Malignant skin disease	5
Ephthelioma of buccal cavity	4

60. In addition, an overflow of cases from the Physiotherapy Division were treated in the X-Ray Division as follows:—

Infra-red therapy	330
Ultraviolet treatment	45

61. Thanks to air transport facilities, radioactive isotopes are obtained when required.

OPHTHALMOLOGY

62. A second part-time ophthalmologist was appointed in June. He was attached to the Civil and Moka Hospitals, his senior colleague concentrating his activities at Victoria Hospital and continuing to hold one weekly clinic at the Civil Hospital.

63. The following work was done by the ophthalmologist at the three hospitals:—

	In-patient	*Out-patient*					
		Cases			*Attendances*		
		M	*F*	*Total*	*M*	*F*	*Total*
Cataract	305	361	557	918	553	786	1,339
Glaucoma	8	21	27	48	69	68	137
Conjunctivitis	—	245	266	511	293	317	610
Blepharitis	—	35	57	92	41	67	108
Hordeolum	—	92	108	200	98	125	223
Iritis	5	98	68	166	148	112	260
Keratitis	7	121	146	267	176	200	376
Uveal tract	—	20	19	39	31	29	60
Optic Nerve and retina	—	78	69	147	119	101	220
Lacrymal duct and sac	—	50	92	142	61	125	186
Inflammatory disease	—	32	53	85	41	72	113
Corneal opacity	—	45	39	84	63	44	107
Corneal ulcer	27	229	94	323	284	109	393
Pterygium	—	47	63	110	54	86	140
Strabismus	—	15	23	38	18	36	54
Foreign bodies	—	147	19	166	147	19	166
Burns	—	13	1	14	13	1	14
Ectropion and entropion ...	—	1	6	7	1	7	8
Refractive errors	—	342	433	775	365	481	846
Ophthalmia	4	1	2	3	1	3	4
Injury	26	27	9	36	37	14	51
Contracted socket	3	—	—	—	—	—	—
Blepharo-conjunctivitis ...	4	—	—	—	—	—	—
Other diseases	4	510	465	975	608	592	1,200
TOTAL	393	2,530	2,616	5,146	3,221	3,394	6,615

64. The operations performed were:—

Cataract	274
Iridectomy	11
Glaucoma	9
Capsulotomy	7
Evisceration and enucluation	10
Styes and chalazion	90
Lacrymal ducts	18
Ectropion	1
Intra-ocular foreign bodies	10
Injury and conjunctival flap	16
Dacryocystectomy	10
Itosis	1
Keratotomy	1
Pterygium	22
Contracted socket	2
Other operations	7
TOTAL	489

ANAESTHESIA AND SURGERY

65. One of the medical officers engaged on anaesthetic work resigned from the Service. Another one is following a course of training in the United Kingdom. The volume of work was far greater than one anaesthetist could manage alone and two part-time specialists were engaged on a sessional basis, while the medical officers stationed at the main centres of surgery gave quite a number of anaesthetics, mostly in cases of emergency that did not present special problems.

66. The number of cases demanding the attention of the surgeon remained high and the anaesthetic service was kept very busy. No one will think of challenging the essential part played by the surgeon in attracting so many to him, but credit should also be given to the modern anaesthetist who enables the surgeon to concentrate solely on his work on an organ. Thanks to the trained anaesthetist fully familiar with modern methods, highly specialised surgery is made possible, routine major surgery is facilitated and post-operative complications are reduced. As Mr. Eric Linklater said in his inaugural address delivered in October, 1955, at the Leeds School of Medecine: " Justice, however, compels me to add that the surgeon, no less than the patient, owes much to the modern anaesthetist: without the anaesthetist the surgeon would have fewer patients, and patients would have less admiration for the surgeon's skill ".

THE ORTHOPAEDIC UNIT

67. The Orthopaedic Surgeon went on leave overseas in March and returned in December. While on leave, he attended a conference at Liverpool and visited the Royal National Orthopaedic Hospital at Stanmore. The doubt concerning the filling of the Matron's post was removed when the former Matron decided to return for another three years. The staff was reinforced by the appointment of Mr. D. Ghadialy, F.R.C.S. as Assistant Surgeon and of Miss D. Tyner as Physiotherapist.

68. The Unit trains members of the nursing staff for the Orthopaedic Nursing Certificate. The arrangements made to facilitate the training and certification of probationers performing duties at the Orthopaedic Centre continued to work satisfactorily. Under the guidance of a tutor engaged on a sessional basis a number of students passed successfully their preliminary examination during the year.

69. The following figures demonstrate the activities of the Unit:—

ATTENDANCES OF PATIENTS AT DOCTOR'S CONSULTATIONS

(*a*) Attendances		1,765	5,632
Re-Attendances		3,867	
A. Attendances of Polio Cases		126	5,632
B. Attendances of Orthopaedic Cases ...		5,506	
(*b*) Distribution of Attendances at :—			
A. Floreal Hospital		3,851	5,632
B. Victoria Hospital		1,781	
	Major	*Minor*	*Total*
(*c*) Operations :—			
Victoria Hospital	26	24	50
Civil Hospital	—	13	13
Floréal Hospital :—			
In-patients	278	835	1,614
Out-patients	106	395	
(*d*) Attendances at Physiotherapy Department :—			
In-patients		19,109	46,402
Out-patients		22,425	
Victoria Hospital		4,868	
(*e*) Patients wearing instruments under supervisions :—			
Polio cases		670	981
Orthopaedic cases		311	

70. The output of work at the orthopaedic workshop, an essential complement of the orthopaedic service, was very high. Over 3,000 new instruments and appliances, including 1,199 pairs of special boots, 162 belts and 293 walking calipers, were manufactured and over 4,000 articles were repaired.

71. The construction of a rehabilitation centre for cripples, the capital cost of which is to be met by the Sugar Industry Labour Welfare Fund and which is planned to accommodate just over 100 persons, could not for various reasons be started in 1955.

72. Until the inception of an orthopaedic service, the medical profession generally believed that tuberculosis of bones and joints was not prevalent on the Island. It is now clear that such is not the case: an interesting paper on bone and joint tuberculosis submitted by the Specialist, Orthopaedics, is printed as Appendix I to this Report.

THE MENTAL HOSPITAL

73. Accommodation at this hospital is still inadequate. A new infirmary for female patients has somewhat eased the situation but on the male side the present congestion constitutes a serious handicap to the proper treatment and nursing of psychiatric patients. The construction of additional wards has become an urgent necessity and

has a high degree of priority in the planned expansion of the health and medical services, for which provision is made in the Colony's Capital Expenditure Programme 1955–60. Staff welfare has also been taken into account in this further expansion programme, and the provision of more suitable refectories and rest rooms for nurses and servants is part of the plan. As in the general hospitals, the chronic cases and patients who have reached the stage of senility add to our burden. To relieve congestion, harmless patients not in need of constant medical care and supervision are transferred to suitable infirmaries where accommodation is available.

74. The last few years have established a trend in general policy which must promote advances in the care and treatment of the mentally sick. Until quite recently, emphasis was placed on custodial care of the mental patient. It is true that such care must be an essential element in the treatment of certain forms of mental sickness, but it is equally true that strict detention of all patients leads to a stigma being associated with admission to a mental institution and prejudices the recovery of some patients. Nowadays great importance is attached to efficient classification of the patient, with the result that in the hospital a greater measure of freedom is afforded to certain categories, while a considerable proportion of those who require psychiatric treatment are allowed to live in their homes and to report at intervals to an out-patient clinic.

75. The insane population of the Colony on the 31st December, 1955, was distributed as under:—

In Hospital	619
On leave for the New Year	76
On probation leave	521
In poor houses	73
TOTAL	1,289

The distribution, by ethnical groups, of these 1,289 persons was as shown below:—

	General Population			*Indo-Mauritian Population*			*Chinese Population*			*Grand Total*
	M	*F*	*Total*	*M*	*F*	*Total*	*M*	*F*	*Total*	
In hospital	176	139	315	178	93	271	20	13	33	619
On probationary leave ...	130	75	214	182	109	291	11	5	16	521
On short-term leave ...	24	14	38	14	22	36	—	2	2	76
In poor houses	17	16	33	22	17	39	—	1	1	73
TOTAL ...	356	244	600	396	241	637	31	21	52	1,289

The sex distribution of the 1,289 certified insanes was males 60.75 per cent and females 39.25 per cent, compared with males 37.75 and females 42.25 in 1954. But if the purely functional mental diseases are excluded (cases of alcoholism and addiction to gandia), the rate in males is just a little higher than that in females.

76. The rate of insanity per 10,000 population for Mauritius and the Dependencies was 22.843 for an estimated population of 564,273. The rate of insanity for the whole population in the urban and rural areas per 10,000 population was respectively 40.8 and 14.2. The rate of insanity per 10,000 population in relation to each community was:

	Urban	*Rural*
General Population	50·3	21·4
Indo-Mauritian population ...	31·4	11·9

77. The following table gives the number of admissions, discharges and deaths:—

	M	*F*	*Total*	*M*	*F*	*Total*
IN HOSPITAL AT 1ST JANUARY	—	—	—	369	258	627
Cases admitted during the year:—						
Back from New Year's leave	33	21	54			
1st Admissions	224	184	408			
Other Admissions	91	42	133			
Re-admitted from Victoria Hospital	3	3	6			
Re-admitted from Civil Hospital	—	1	1			
Re-admitted from Escape	3	—	3			
Re-admitted from Probation leave	146	90	236			
Died before examination by Commissioners of Lunacy...	2	9	11			
Still awaiting examination	32	19	51			
				534	369	903
TOTAL CASES UNDER CARE DURING THR YEAR ...	—	—	—	903	627	1,530
Discharges, deaths and escapes:—						
Recovered and released	179	166	345			
Released by Commissioners of Lunacy, found sane (no insanity)	18	12	30			
Transferred to Poor Law Houses	12	—	12			
Discharged by Central Board of Commissioners ...	227	116	343			
Died whilst on leave	5	2	7			
Transferred to Victoria Hospital and died there ...	1	—	1			
Transferred to Victoria Hospital	3	4	7			
Transferred to Civil Hospital	—	1	1			
Transferred to Floréal Hospital	—	1	1			
Escaped	3	—	3			
Died during the year	11	23	34			
On leave at 31st December	38	38	76			
				497	363	860
IN HOSPITAL AT 31ST DECEMBER	—	—	—	406	264	670

During the year, 85 patients (32 males and 53 females) on probation leave were found cured and finally discharged by the Central Board of Commissioners in Lunacy.

78. The daily average number of patients was 699 compared with 678 for the previous year. The maximum daily number of patients was 744 compared with 731 in 1954. The ratio between the number of patients discharged and the number of admissions was 85.5 per cent. The ratio of relapses to the number of patients discharged for the last two years was 31.4 per cent. The capacity of absorption was 1.26 for 707 beds, taking into consideration 12 patients transferred to a poor house.

79. The rates of direct admissions per 10,000 population in the urban and rural areas were as follows:—

	General Population	*Indo-Mauritian Population*
Township of Port Louis	27·07	15·09
Township of Beau Bassin—Rose Hill ...	33·03	29·01
Township of Curepipe	15·9	19·1
Township of Quatre Bornes	14·5	19·3
Township of Vacoas	18·4	6·8
Mahebourg	28·5	18·2
Rural areas	7·8	5·5

80. The average stay in hospital for patients discharged in less than one year was 120 days. The average stay for those discharged in less than 5 years was 2 years and 12 days.

81. The number of deaths registered in 1955 was 34 (11 males and 23 females) compared with 39 in 1954. The death rate was 2.2 per cent compared with 2.76 per cent in 1954. Eleven (two males and 9 females) died a few days after admission.

82. There were 13 cases of dysentery (all among males) against 43 in 1954. 42 cases of pellagra were registered during the year: of these 24 (10 males and 14 females) showed unmistakeable symptoms of the disease on admission. Among the chronics, all the cases of pellagra were registered on women. This can be explained by the fact that the dining room of the female side is too small and can only accommodate a few patients, so that the great majority have their food in the open where they cannot be properly supervised, whereas on the male side all the patients have their food in the dining room. No case of typhoid was recorded: all admissions are given T.A.B. vaccine as a routine.

83. Only minor injuries have to be reported, i.e.:—

Self-inflicted injuries	28
Injuries inflicted by patients to patients ...	27
Injuries inflicted by patients to servants ...	7
Injuries inflicted by patients to Officers ...	Nil

84. Three patients escaped from the institution and were brought back by police some days after.

85. Excellent results are obtained in the treatment of psychoses by insulin shock therapy and electroplexy. The staff is now well trained in these modern methods of treatment and is able to cope with any emengency. Relaxants have also been introduced in elctro-convulsive therapy: this treatment has been found valuable especially on old persons, on those suffering from myocarditis and on those having already sustained fractures. Leptasol has also been found

useful in the treatment of chronic mania, especially of those patients who are very excited and destructive. Some very interesting results have also been obtained in the treatment of chronic schizophrenia by Serpasil (*Rauwalfia* and *Serpentina*) and many patients who have been in hospital for years had a good social remission and were able to leave the institution. Although these patients retain their delusions and hallucinations, they do not seem to be worried by them and are thus more controllable.

86. The number of patients coming for treatment and advice to the outpatient department is steadily increasing. Most of the cases seen are cases of neurosis which need psychotherapy and reassurance. Cases of recurrent mania and of manic-depressive insanity are also treated. The number of persons seen was 510 (with an average of five attendances per case) against 54 in 1950.

87. Every week a batch of twenty patients go to the sea-side under proper supervision. Cinema performances are given once monthly in the cinema halls of the town of Beau Bassin—Rose Hill and this is warmly appreciated by the patients. The Information Officer and the British Council arranged three cinema performances in the male day room. Radio programmes and registered music are transmitted through loud-speakers at specified hours of the day. A concert by the youth of the Adventist church was attended by male and female patients who took great interest in this performance. Members of the Red Cross are helping in offering cakes, cigarettes, magazines to patients. At Christmas a party was attended by His Excellency the Governor and some friends of the Hospital, and each patient received a special present on that occasion. A superb radiogram was presented to the Hospital by a private firm, and many others in one way or another provided recreation and comfort for the patients. This helps considerably as the patients feel that they are not cut off from the outside world.

88. An average of 120 male and 120 female patients are performing such duties as ward-work, laundry, darning, gardening, carpentry, cabinet-making or tin-work and also helping in the kitchen. On the female side a class of embroidery and handicraft is held at regular intervals under the supervision of a trained occupational therapist. A male attendant is training in handicraft at the Teachers' Training College and will shortly be in a position to train convalescing patients in book-binding, basket-making, rug-making, etc. Every effort is made to keep patients busy during the major part of the day. A small sum of money is paid to regular workers and it is great fun for them to be able to spend as they want what they have earned.

89. No special organization has as yet been set up for the after-care of discharged mental patients, but the Public Assistance Department gives cash relief to patients at the time of their discharge and continues to assist them financially until such time as they can find a job. The Probation Officer does all he can to re-adapt discharged

patients to normal life conditions. Patients have thus been provided with jobs or have been offered the tools necessary to enable them to resume their usual trade. The rehabilitation of alcoholics is still a very difficult problem, the majority of relapses in former patients occurring among them.

Cost of Maintenance

90. The expenditure figures for the Mental Hospital are detailed hereunder:—

	Rs.
Salaries and wages	581,962
Fees for the District Commissioner of Lunacy	8,670
Fees for unofficial member of the Central Board of Commissioners of Lunacy	160
Provisions, fuel, lighting, bedding, clothes, etc. ...	402,677
Drugs, dressings, surgical instruments	30,865
	1,024,335

The average daily cost of maintenance of a mental patient was Rs 4.01 against Rs 3.68 in 1954.

91. The spiritual needs of the patients have been catered for. Mass was celebrated once a month in the Roman Catholic chapel of the hospital and four services were held by Ministers of the Church of England.

DENTAL WORK

92. At the close of the year there were three dental clinics in operation: one attached to the Civil Hospital, one attached to the Victoria Hospital and one mobile. Funds were provided for the acquisition of a second mobile unit, the intention being to have one unit covering the northern districts and another the southern districts. This second unit, fully equipped, was received at the end of the year and was to be brought into use early in 1956.

93. The professional establishment consisted for the greater part of the year of three dental surgeons. A fourth appointment was made in November 1955, but as the mobile unit for which the fourth post of Dentist was created was not then ready, this officer carried out the dental survey referred to at the beginning of this report. Dental disease constitutes a problem which cannot be tackled solely on a reparative basis and consideration is being given to the artificial fluoridation of the water supplies as a means of prophylaxis.

94. The dental scheme is operated chiefly for the benefit of school children but, whenever possible, treatment is also afforded to expectant and nursing mothers and to selected hospital cases. The mobile units visited at regular intervals the Orthopaedic Unit and the

Mental Hospital to deal with dental disease in the case of long-stay patients. The scheme has been extended to the Police Force which demands a high standard of physical fitness.

95. The following is a summary of the work performed:—

(*a*) Civil Hospital clinics :—

435 sessions were held, dental treatment being given to 9,655 persons as under :—

School children	7,654
Expectant and nursing mothers	1,577
Cases referred from hospital	424

The nature of dental treatment was :—

Fillings inserted in permanent teeth ...	4,041
Permanent teeth extracted	1,837
Deciduous teeth extracted	3,659
Treatment of parodontal disease	251
Surgical operations on jaws	139
Osteomyelitis of jaws	2
Fracture of jaws	8

(*b*) Victoria Hospital clinic :—

Permanent teeth extracted	361
Permanent teeth filled	2,000
Deciduous teeth extracted	834
Deciduous teeth filled	252
Hospital cases treated	173

In addition to the work mentioned above, 383 school children were examined and their teeth were found to be in good condition.

(*c*) *Mobile Clinic*—The activities of this clinic come under four headings:—

Schools, Orthopaedic Hospital, Mental Hospital and Police Force.

(i) *Schools.*—Eleven schools were visited and a total of 1,192 children attended to. The number of teeth extracted and fillings made amounted to 1,108 and 962 respectively. Forty-two children were treated for gingivitis and pyorrhoea. Instruction in oral hygiene was given to students of the Teachers' Training College.

(ii) *Orthopaedic Hospital.*—At Floreal Hospital four cases of *dérangement* of the temporo-mandibular joint were successfully treated. The number of teeth extracted totalled 210 while the number of fillings was 62.

(iii) *Mental Hospital.*—Most of the patients at the Mental Hospital seem to have very bad teeth. Nearly all cases of pyorrhoea have to be treated by extraction of the teeth, and according to the Medical Superintendent of the Hospital, the state of some patients has considerably improved after the removal of oral sepsis. About 200 patients were treated, 1,279 teeth being extracted, 10 cases of pyorrhoea being treated by scaling and application of chromic acid. Owing to the lack of cooperation of patients, it has not been possible to fill carious but reparable teeth.

(iv) *Police.*—Members of the Force receive dental treatment every other Saturday at Line Barracks. During the year 105 extractions and 101 filling were done.

STATISTICS OF MORBIDITY AND MORTALITY

96. The statistics of morbidity and mortality in respect of hospitals and dispensaries are given in Table II. The statistical figures concerning the mobile dispensaries are shown separately in this Table, figures for attendances being the only ones given since the introduction of a card system has been found unworkable for the mobile units, and there is consequently a considerable amount of uncertainty as regards new cases and re-attendances.

The main causes of morbidity are enumerated in Table III, and Table IV gives figures for hospital statistics by groups of diseases corresponding to the 1948 International Classification.

II. *Out-Patients*

97. No modern health organization can operate without an out-patient and dispensary service. The main functions of this service are:—

(a) screening of patients applying for admission to hospitals to avoid unsuitable filling of scarce and expensive beds;

(b) diagnosis and treatment of simple cases and provision of first-aid;

(c) follow-up of patients discharged from hospitals; and

(d) health education.

98. All the hospitals have out-patient clinics which are supplemented by 37 static dispensaries scattered all over the island and by a mobile service. In addition there is a mobile dispensary service composed of four units which visit 64 villages and hamlets where it would be uneconomical to have permanent buildings and staff. These units made 1,011 trips and attended to 92,149 patients. The

total attendances at the static dispensaries and at the out-patients' departments attached to the hospitals numbered 457,114. The figures for the five immediately preceding years were:—

1954	402,136
1953	399,899
1952	379,476
1951	362,496
1950	303,549

99. The construction of a new dispensary at Terre Rouge was completed and another building was under construction at Bel Air, Flacq. Work on the new Health Centre at Rose Hill was well advanced.

100. Provision is made in the Capital Expenditure Programme 1955–60 for the provision or replacement of twenty dispensaries which will be small rural health centres in which patients will receive treatment and from which advice on rural sanitation will be obtained and health education disseminated. A further expansion of the mobile service is also contemplated.

III. *The Laboratory Service*

101. The Central Laboratory and its branches continued to be as active as ever, a very large number of analyses being performed. A most welcome feature was the organisation of a night and public holiday transfusion service. Well-trained laboratory technicians performed in rotation the duties of grouping and cross matching. The calls averaged a dozen a month and this figure is gradually increasing. The work of the veterinary section which had been established to assist the Department of Agriculture has augmented considerably. A field hitherto unknown in this country is now opened and farmers no longer take as a matter of course the illness and death of their farmyard animals.

102. One post of Pathologist is still vacant but it is expected that it will be filled by the middle of 1957. As in every other division of of the Medical and Health Services, work at the laboratories has increased considerably. Improved accommodation has now become a pressing necessity and the need for additional staff is badly felt.

103. In the latter part of the year, the Central Laboratory was honoured by the visit of Professor A. W. Woodruff of the London School of Tropical Hygiene who was sent by the World Health Organization to make a preliminary study of the nutritional problems of the Colony. Professor Woodruff performed numerous tests in collaboration with the Senior Pathologist and with the help of one of our senior technicians.

104. A summary of the work performed at the Laboratory is given in Appendix II.

PART IV

Health Services

I. VITAL STATISTICS

105. The following is a summary of vital statistics for the year 1955:—

Area of Mauritius: 720 square miles.

	Males	*Females*	*Total*
Estimated population on the 31st December, 1955	282,997	276,935	559,932
Estimated mid—year population	—	—	549,094
Density per square mile : 763			
Mariages : 2,797			
Mariage rate per 1,000 population : 10·2			
Live births	11,697	11,273	22,970
Live births per 1,000 population : 41·8			
Still births : 1,459			
Still birth rate per 100 live births : 6·4			
Deaths	3,640	3,448	7,088
Crude death rate per 1,000 population : 12·9			
Maternal deaths : 36			
Maternal mortality rate per 1,000 births (live and still) : 1·47			
Infant mortality (under 1 year of age) ...	877	666	1,543
Infant mortality rate per 1,000 births : 67·2			
Deaths from pulmonary tuberculosis	88	38	126
Death rate from pulmonary tuberculosis per 1,000 population : 0·23			
Deaths from infective and parasitic diseases ...	194	117	311
Death rate from infective and parasitic diseases per 1,000 population : 0·6			
Deaths from respiratory diseases	394	368	762
Death rate from respiratory diseases per 1,000 population : 1·4			
Deaths from diseases of the digestive system	705	647	1,352
Death rate from diseases of the digestive system per 1,000 population : 2·5			
Deaths from malaria and malarial cachexia ...	2	1	3
Death rate from malaria and malarial cachexia per 1,000 populations : 0·01			

106. An analysis of the percentage contribution to the total number of deaths occurring in 1955 made by the more important groups of diseases is shown below, together with corresponding figures for the five previous years:—

Group	*Percentage of total number of deaths*					
	1950	*1951*	*1952*	*1953*	*1954*	*1955*
Infective and parasitic diseases	15·1	11·9	9·6	11·8	7·8	4·38
Diseases of the blood and blood-forming organs	5·8	6·7	6·9	6·0	6·6	6·44
Diseases of the nervous system and sense organs	6·0	6·0	6·1	6·1	5·5	5·53
Diseases of the circulatory system, senility, old age	9·4	8·9	10·3	11·0	11·0	31·61
Diseases of the respiratory system	15·1	14·8	15·5	15·9	14·3	10·75
Diseases of the digestive system	14·1	18·5	17·5	15·3	20·6	19·07
Diseases peculiar to the first year of life ...	12·1	11·0	11·4	9·7	8·0	9·32

The graph at Figure I illustrates the fall in the principal death-dealing diseases for the period 1945–55.

POPULATION

107. An excess of 15,882 in the number of births as compared with the number of deaths has caused an increase of population which has been such a marked feature in recent years. The estimated population as at the 31st December was 559,932 and the density of population was 763 per square mile for the whole Island. The rate of natural increase for the last five years has been 31.09 per thousand as compared with 12.58 per thousand for the 10-year period preceding 1950. The graph at Figure II shows the population trend for the period 1935–55, whilst the graph at Figure III indicates the trend of crude birth and death rates for the period 1945–55. Table V shows the total births and deaths for the period 1940–55.

BIRTHS

108. The number of live births during the year was 22,970, an increase of 1,044 on the number for 1954 and an increase of 2,253 over the yearly average number of births for the ten years preceding 1955. Still births, which are not included as either births or deaths, numbered 1,459, giving a rate of 6.4 per hundred live births, as compared with 1,358 still births in 1954 and a rate of 6.2.

DEATHS

109. Deaths registered in Mauritius number 7,088, corresponding to a rate of 12.9 per 1,000 of the population. The average death rate for the period 1946–55 was 17.86. Table VI shows the number of deaths from the principal causes for the ten-year period 1946–55.

110. The number of deaths ascribed to the puerperal state was 36, giving a rate of 1.46 per thousand births (including still births) as compared with 3.51 in 1950 and 1.71 in 1954.

INFANT AND CHILD MORTALITY

111. A most satisfactory reduction in deaths from diseases of infancy has been recorded since 1949. In 1955 the infantile mortality rate was 67.2 per 1,000 live births as compared with 81.1 in 1954, 93.5 in 1953 and 80.8 in 1952 and an average of 138.1 per 1,000 over the 10-year period 1941–50.

112. The deaths under five years of age were distributed as follows, the corresponding figures for 1953 and 1954 for total deaths being shown in brackets:—

Age			*Total*		
	Male	*Female*	*1955*	*1953*	*1954*
Under 3 months	559	367	926	1,346	1,012
3 months and under 6 months ...	129	122	251	397	316
6 months and under 1 year ...	189	177	366	492	450
1 year and under 2 years ...	295	295	590	575	766
2 years and under 3 years ...	174	203	377	432	633
3 years and under 4 years ...	68	109	177	254	355
4 years and under 5 years ...	49	65	114	124	204
TOTAL	1,463	1,338	2,801	3,620	3.736

The figures were affected in 1953 by an epidemic of whooping cough and in 1954 by one of measles.

113. The principal causes of death in children under five years of age were in the following categories (International List of Causes of Death, 1948 Revision):—

Group	*Under one year*	*One year and under 5 years*
1. Infective and parasitic diseases	44	48
3. Allergic, endocrine system, metabolic and nutritional diseases	13	69
4. Diseases of the blood and blood-forming organs ...	11	70
6. Diseases of the nervous system and sense organs ...	16	6
8. Diseases of the respiratory system	196	133
9. Diseases of the digestive system	419	583
15. Certain diseases of early infancy	661	—
16. Symptoms, senility and ill-defined conditions ...	157	288
17. Accidents, poisonings and violence	6	35

114. The mortality rate of children in the 5–14 age-group is a good index of the sanitary conditions of a territory, and the figures are given in the following table. In calculating the population for the age-group, the percentage distribution of the 1952 census has been used (22·79 per cent) and for purposes of comparison, the crude death rate and the infantile mortality rate are included in the table:—

Year	*Mid-year population*	*Calculated population age-group 5–14*	*Deaths age-group 5–14*	*Death rate age-group 5–14 per 1,000*	*Crude death rate per 1,000*	*Infant mortality rate per 1,000*
1948 ...	441,822	100,691	373	3·70	23·8	186·2
1949 ...	444,521	101,306	287	2·83	16·6	91·0
1950 ...	464,735	105,913	213	2·01	13·9	76·3
1951 ...	483,859	110,271	217	1·97	14·9	83·5
1952 ...	501,469	114,284	233	2·08	14·8	80·8
1953 ...	516,525	117,716	275	2·34	16·1	93·5
1954 ...	530,461	120,892	392	3·24	16·0	81·1
1955 ...	549,094	138,000	252	1·81	12·9	67·2

115. The following table shows births, still-births, death rates, marriage rates and natural increase of the population, and gives comparative data for the last ten years:—

Year	*Births*		*Still Births*		*Death and Marriage rates 1946–55*			
	Births	*Rate per 1,000 population*	*No. of still births*	*Rate per cent total births*	*Infant Mortality rate*	*Total Death rate*	*Marriage rate per 1,000 population*	*Natural increase of population*
1946	16,427	38·7	1,374	8·4	145·2	29·5	18·1	3,899
1947	18,926	43·8	1,277	6·7	113·9	20·1	17·5	10,246
1948	19,239	43·1	1,316	6·9	186·2	23·8	14·7	8,521
1949	20,472	46·0	1,364	6·7	91·0	16·6	16·3	13,088
1950	23,110	49·7	1,410	6·1	76·3	13·9	13·1	16,657
1951	22,968	47·5	1,401	6·1	83·5	14·9	12·7	15,760
1952	24,120	48·0	1,575	6·5	80·8	14·8	16·3	16,673
1953	23,896	46·3	1,568	6·6	93·5	16·1	13·4	15,597
1954	21,926	41·3	1,358	6·2	81·1	16·0	11·7	13,464
1955	22,970	41·8	1,459	6·4	67·2	12·9	10·2	15,882

II. Public Health

A. COMMUNICABLE AND INFECTIOUS DISEASES

Malaria and Anti-malarial Measures

116. The virtual eradication of malaria, which was the major public health problem, has been achieved. Hospital figures, being the most reliable that can be produced, the following table which shows the number of malaria cases treated in the hospitals of the Colony is published as an indication of the results obtained:—

Year	*Cases of malaria treated in hospitals*	*Deaths from malaria in hospitals*	*Case mortality*
1946	2,522	106	4·20
1950	209	10	4·78
1951	98	4	4·06
1952	3	Nil	Nil
1953	Nil	Nil	Nil
1954	3	Nil	Nil
1955	1	Nil	Nil

117. The deaths ascribed to the disease per 1,000 living from 1946 to 1955 were as shown hereunder:—

Year	*Deaths ascribed to malaria*	*Rate per thousand population*	*Percentage of deaths due to malaria to total deaths*
1946	2,918	6·88	23·29
1947	1,782	4·12	20·53
1948	1,580	3·58	15·02
1949	936	2·11	12·68
1950	388	0·83	6·01
1951	285	0·59	3·95
1952	188	0·37	2·52
1953	61	0·12	0·73
1954	27	0·05	0·32
1955	3	0·01	0·04

118. During the year many buildings were treated with insecticide by spraying gangs. To record the amount sprayed in terms of houses is misleading as there are many miscellaneous buildings such as stables, temples, churches, stores, shops, etc. The number of rooms sprayed in 1955 was 220,368 as compared with 652,552 rooms in 1949 and 258,240 in 1954. At the beginning of the year it had been anticipated that from March onwards only cowsheds would be treated as it had been shown that *A. gambiae,* the only potential vectors left on the Island, was rarely to be found in houses and that the female preferred to rest in cowsheds. But in the first quarter, 27 carriers of parasites were found and it was decided to continue spraying all buildings in the spraying area as a protection against fresh transmission.

119. D.D.T. was used for the majority of the buildings, but in November the insecticide Dieldrin was used for the first time on a large scale and this insecticide will be sprayed in all buildings in the Black River District as well as in the area between Pointe d'Esny and the Grand Port—Flacq boundary.

Dilution rates were as follows:—

D.D.T 50 per cent wettable powder ...	3 lbs per 4 gallons of water
D.D.T. 80 ,, technical ,, ...	2 lbs per 4 gallons of kerosene
Dieldrin 50 ,, wettable ,, ...	1 lb per 4 gallons of water
Average rate of application	1,200 sq. ft. per gallon of solution

The apparatus used for normal work was the Eclipse Junior leader Sprayer with flat fan and carbide face nozzle, and for large buildings the Leo Colibri pneumatic type sprayers or the Aerostyle motor sprayer.

120. In addition to the routine residual spraying directed against the vector of malaria, many buildings, such as public markets, hospitals, dispensaries, police stations, orphanages and other public buildings outside the normal spraying area, were treated with insecticide during the year. The buildings around the airport were sprayed twice in the year as a precaution against mosquitoes entering Mauritius by plane. This was in addition to the usual disinfection of incoming planes carried out by the Airport Sanitary Staff.

121. *Malaria Survey Work.*—The search for malaria amongst Mauritian residents:—

(*a*) *Infant survey.*—During the year blood specimens from 13,252 infants under 4 years of age residing in the coastal areas were taken.

Details of the positive slides found are given below:—

District	*No. of slides taken*	*Positive*			
		S.T.	*B.T.*	*Q.T.*	*Total*
Pamplemousses	965	2	—	—	2
Rivière du Rempart ...	1,013	—	—	—	—
Flacq	1,914	3	1	1	5
Grand Port	4,830	14	—	—	14
Savanne	1,476	—	—	—	—
Black River	1,758	3	—	—	3
Port Louis	1,296	2	—	—	2
TOTAL	13,252	24	1	1	26

This collection of blood slides from infants has been a normal feature of anti-malarial work since 1949.

Year	*Slides*	*Positive*			
		S.T.	*B.T.*	*Q.T.*	*Total*
1949	1,221	1	—	—	1
1950	7,135	4	4	4	
			and 1 mixed infection		13
1951	16,981	4	4	1	9
1952	20,624	5	2	—	7
1953	17,337	—	—	4	4
1954	12,663	19	5	8	32
1955	13,252	24	1	1	26

(*b*) *Suspected cases notified by doctors, hospitals or dispensaries.*—Notifications were received from doctors, hospitals or dispensaries of 209 suspected cases of malaria. Blood slides taken from all these persons gave 14 positive.

The practice of such notifications from doctors, hospitals and dispensaries has been routine since 1952:—

Year	*Number of Notifications*	*Positive*			
		S.T.	*B.T.*	*Q.T.*	*Total*
1952	270	—	—	—	—
1953	168	2	1	1	4
1954	193	10	3	1	14
1955	209	9	4	1	14

(*c*) *Contacts.*—When giving treatment to positive cases of malaria, blood slides are taken from those persons living in the same house or near to the positive case.

During the year 410 slides were taken and 7 were found positive (all S.T.).

(*d*) *Special cases.*—When the malaria survey workers are taking blood slides for the infant survey they also take slides from adults who are noticed to have fever: 1,480 such slides were taken during the year and 3 found positive (all S.T.).

(*e*) *Special surveys.*—Blood slides from persons of all ages are taken in areas where malaria is suspected. The following slides were taken in the districts:—

District	*Number of slides taken*	*S.T.*	*B.T.*	*Q.T.*	*Mixed infection*	*Total*
Pamplemousses	1,383	10	—	—	—	10
Rivière du Rempart ...	85	1	—	—	—	1
Flacq	157	1	—	—	—	1
Grand Port	764	28	—	—	1	29
Black River	2,163	12	—	—	—	12
Savanne	533	—	—	—	—	—
Port Louis	746	—	—	—	—	—
TOTAL	5,831	52	—	—	1	53

Details of the special surveys made in previous years are shown below for comparisons:—

Year	*No. of slides taken*	*S.T.*	*B.T.*	*Q.T.*	*Mixed infection*	*Total*
1951	17,294	10	3	11	—	24
1952	20,383	20	10	8	—	38
1953	10,582	9	2	4	4	19
1954	18,089	43	14	19	—	76
1955	5,831	52	—	—	1	53

(*f*) *Repeated smears.*—If any slides are mislaid or found unsuitable for examination, the specimen is repeated. 55 such slides were taken during the year and no positives were found.

Summary.—Thus a total of 21,237 blood slides were taken during the year from Mauritian residents and a total of 103 were found positive.

95 S.T., 5 B.T., 2 Q.T., and 1 mixed infection

Figures for previous years are given below:—

Year	*No. of slides examined*	*Number of Positives*				*Total*
		S.T.	*B.T.*	*Q.T.*	*Mixed infection*	
1949	19,086	—	not available		—	743
1950	23,515	—	,,		—	129
1951	45,236	—	,,		—	175
1952	43,611	25	14	8	—	47
1953	28,750	14	4	10	5	33
1954	31,694	84	22	28	—	134
1955	21,237	95	5	2	1	103

All positive cases were treated with drugs. For the first five months of the year, the positive cases were visited at regular intervals after treatment, and further blood slides taken at these visits. In May it was decided that after the initial treatment by the Malaria Survey Officer, the treatment would be continued by Sanitary Inspectors with Daraprim tablets. The follow-up visits are still made and on such visits 329 blood slides were taken, and 13 were found to be positive (12 S.T., 1 B.T.).

122. Soldiers of the Kings African Rifles entering Mauritius from East Africa and their families are visited, and blood specimens are taken. Blood specimens are also taken from soldiers of the Royal Pioneer Corps returning to Mauritius from the Middle East. During the year 5,467 blood slides were taken and 27 found positive (S.T. 20 and 7 with parasites that could not be identified).

123. No *A. funestus* or *Aedes aegypti* have been found this year. *A. gambiae* is still present, but appears to favour cowsheds as a resting place, and generally feeds on cattle. The peak feeding hours of this mosquito have been confirmed to be between 8 p.m. and 10 p.m.

124. The programme of engineering works continued in the districts of Port Louis, Pamplemousses, Moka and Plaines Wilhems and around Plaisance Airport. It is expected that all the works planned will be completed by the end of June 1956.

125. The Malaria Advisory Board, of which the Director of Medical Services is the Chairman, met on five occasions.

Filariasis

126. 21 cases were treated in hospitals and 53 in dispensaries.

Enteric Fever

127. The cases of this disease notified in the year 1955 numbered 66, equivalent to an incidence rate of 0.12 per 1,000 of the population as compared with 88 cases notified in 1954, equivalent to an incidence rate of 0.16 per 1,000 of the population. These 66 cases resulted in 11 deaths, giving a case mortality of 16.66 per cent as compared with 10 and 11.36 per cent for the previous year.

128. The incidence of this disease per 1,000 of the population and the case mortality for the past five years were:—

Year	*No. of cases notified*	*Rate per 1,000 of the population*	*Case mortality* %
1950	319	0·686	15·98
1951	326	0·67	15·95
1952	252	0·502	7·54
1953	108	0·21	10·18
1954	88	0·16	11·36

The graph at Figure IV shows the notifications and deaths due to enteric fever for the period 1940–55.

Diphtheria

129. The cases of this disease notified in the year numbered 67, equivalent to an incidence rate of 0.12 per 1,000 of the population. The 67 cases resulted in 13 deaths, giving a case mortality of 19.40 per cent.

130. The following figures indicate the number of cases of diphteria notified, the incidence rate and the case mortality for the previous five years:—

Year	*No. of cases notified*	*Incidence rate per 1,000 population*	*Case mortality per 100*
1950	96	0·206	9·37
1951	88	0·18	19·31
1952	73	0·145	13·70
1953	62	0·12	6·45
1954	69	0·13	7·24

Erysipelas

131. One case was notified during the year.

Small-pox

132. The last case of this disease occurred in Mauritius in 1913. Vaccination is compulsory. A total of 13,969 vaccinations were performed of which 13,807 were successful. 60.81 per cent of the children born were vaccinated by Medical Officers of the Department.

Tuberculosis

133. The Tuberculosis division is in the charge of a Tuberculosis Specialist aided by an Assistant Tuberculosis Officer. Two members of the nursing staff were awarded scholarships to enable them to proceed overseas for training in tuberculosis work.

134. B.C.G. vaccination of the population was started in 1951 and by the end of 1955, a total of 69,480 persons had been tested with tuberculin and 40,495 vaccinations had been performed. The following details are relevant:—

(a) In 1955, the work of testing, re-testing and vaccination of schoolchildren was carried out as in the year before. All the schools in Plaines Wilhems, Grand Port, Moka, Flacq, Rivière du Rempart, Port Louis and Black River Districts were visited. The public is no longer shy of B.C.G. vaccination and the response amongst schoolchildren has been very satisfactory.

(*b*) The students of the Teachers' Training College were tuberculin-tested and the negative reactors were vaccinated with B.C.G. In addition, all the students had chest X-rays before entry on their course.

(*c*) All new nursing students were tested and B.C.G. vaccination done where indicated. Members who had received B.C.G. in previous years were re-tested and those who had lost their allergy were re-vaccinated. Yearly X-ray examinations of the chest were held as in the previous years.

(*d*) All contacts of tuberculous cases are tested every month at the Civil and Floréal Hospitals and vaccination done. New-born babies are vaccinated without testing if they are below one month old, otherwise the routine is to test them at the age of three months and vaccinate the negative reactors.

(*e*) Until the end of 1954 all tuberculin tests were done with tuberculin jelly. It was found that this method was not adequate to screen positive reactors of over 10 years and also that it was difficult to keep the jelly in position with elastoplast during the hot season. Early in 1955 Mantoux testing with 10 units of tuberculin was introduced and later testing with old tuberculin began, the Heaf multiple puncture technique being used. Experience soon showed that the Heaf multiple puncture test with old tuberculin was comparable with 10 units Mantoux and the Heaf test is now being used on all persons above the age of 2 years. Jelly continues to be used on children below 2 years. It has been possible to obtain a P.P.D. solution made for use with the Heaf multiple puncture instrument and it is now proposed to do all the tests with P.P.D.

(*f*) The vaccine used has been the Lyophilised Freeze Dried obtained from the Pasteur Institute, Paris. The dose given was 0·1 mgm intradermally. A follow-up study done on children vaccinated with that dose showed that 50 per cent to 75 per cent of successfully vaccinated children had lost their tuberculin allergy 18 months after vaccination. The reason for this reversion is not clear yet and on the advice of Professor Heaf the inoculating dose has been raised to 0·3 mgm. This increased dose has been used since July and it is proposed to follow its rate of reversion for the next few years.

(*g*) The post-vaccinial reactions caused no anxiety. These were within normal limits and there was no glandular abscess formation.

(*h*) All schools were visited regularly by the nursing staff after vaccination and visits were continued until all local lesions were healed. During the year 907 visits were made and 17,970 dressings were applied.

135. The figures below show the work done in 1955 :—

	Routine		*Contacts*	*New-born to 1st year*	*Total*
	Children to School-Leavers	*Adults*			
Tests	12,514	109	1,295	109	14,027
Re-tests	9,582	—	98	—	9,680
Vaccination	8,612	24	425	97	9,158

The following table gives an analysis of the tuberculin sensitivity amongst the persons tested in 1955 :—

ANALYSIS OF 11,666 TESTS ACCORDING TO AGE GROUPS

Age—Years	*Total*	*Positive*	*Negative*	*% of Positive*
0— 1	109	12	97	11·1
2— 4	285	82	203	28·7
5— 9	8,310	911	7,399	10·9
10—14	2,091	477	1,614	22·8
15—19	233	126	107	54·1
20—24	366	291	75	79·5
25—29	77	64	13	83.1
30—34	51	43	8	84·3
35—39	39	34	5	87·1
40+	105	93	12	88·6
TOTAL ...	11,666	2,133	9,533	

136. The total number on the Tuberculosis Register at the end of 1955 was 3,201. The total number of cases notified in 1955 was 112, including 48 cases notified after death.

137. About 225 beds were fully occupied by tuberculous patients in the various hospitals of Mauritius. Treatment was carried out on sanatorium lines with intensive use of chemotherapy and minor pulmonary collapse (A.P. or P.P.). Out-patient clinics were held regularly at Civil and Victoria Hospitals as in the previous year. The following figures show the clinical work done at Civil and Victoria Hospitals :—

Indoor

	Adult		*Children*	*Total*
	Males	*Females*		
Cases admitted ...	117	118	25	260
Death	16	2	1	19

Phrenic Crush	21
Artificial Pneumothorax :—	
(*a*) Inpatients	56
(*b*) Outpatients	76
Pneumoperitoneum :—	
(*a*) Inpatieuts	1,254
(*b*) Outpatients	3,541

Outdoor

	Adult			
	Males	*Females*	*Children*	*Total*
New cases of pulmonary tuberculosis ...	187	121	40	348
Attendances of T.B. patients	1,273	974	133	2,380
Pleurisy and pleural effusion	8	1	1	10
Re-visits	17	7	—	24
Investigation (cough)	105	155	—	260
Re-visits	130	75	—	205
T.B. Bones, Joints and Glands	32	34	9	75
Re-visits	11	15	42	68
Asthma-Bronchiectasis and Bronchitis ...	89	63	—	152
Re-visits	105	108	—	213
Lung Abscess	1	—	—	1
Re-visits	2	1	—	3
Carsinoma of Lungs	2	—	—	2
Re-visits	1	—	—	1
Cardiac Diseases	4	2	—	6
Re-visits	6	3	—	9
Allergic conditions (excluding Asthma) ...	16	11	—	27
Return-visits	8	6	—	14
TOTAL ...	1,997	1,576	225	3,798

138. During the past ten years the death rates on account of tuberculosis have been as follows:—

Year	*Deaths per 100,000 population*
1946	46
1947	39
1948	61
1949	68
1950	53
1951	49
1952	40
1953	28
1954	25
1955	24

Leprosy

139. Mauritius has seen the end of its leprosy problem, the last case detected in a child dating back to 1932. Rare cases are from time to time seen in Rodrigues which is now within sight of the end of its problem. Forty-one chronic lepers still remain in the Leper Settlement, but it is clear that within measurable time the buildings occupied by them will cease to have their *raison d'être.*

Poliomyelitis

140. Nine cases were notified in 1955. A polio immunity survey was carried out during the year with the assistance of Dr. J. H. S. Gear, Director of Research, The South African Institute for Medical Research. The results of the tests made on a total of 80 children under the age of 10 years are summarised below:—

Age Group	*Total*	*Type 1*		*Type 2*		*Type 3*	
		+	−	+	−	+	−
1— 5 years	37	21	16	23	14	27	10
6—10 years	43	35	8	38	5	29	14

Venereal Diseases

141. 138 admissions for syphilis and 2 deaths were reported from the hospitals. Thirteen cases of gonococcal infection were treated. From the out-patient clinics and dispensaries 489 cases of syphilis and 105 cases of gonococcal infection were reported.

Ankylostomiasis

142. The number of cases treated in hospitals and in the dispensaries amounted to 206 and 6,960 respectively.

Schistosomiasis

143. Thirty-five cases treated in hospitals and 324 at the dispensaries.

144. Figure V shows the proportion in percentage of diseases treated in hospital to total cases treated, according to the sections of the 1948 International Classification of Diseases, while Figure VI illustrates the proportion in percentages of certain infective and parasitic diseases treated.

B. NUTRITION AND NUTRITIONAL DISEASES

145. The following nutritional diseases were recorded during the year:—

Diseases	*In Hospitals (cases)*	*At static dispensaries (cases)*	*At mobile dispensaries (attendances)*
Beriberi	—	1	—
Pellagra	69	253	57
Scurvy	1	—	—
Other deficiency states	319	3,590	2,547

146. The incidence of anaemia remains high as evidenced by the following figures:—

Year	*Treated in hospitals*	*Treated in out-patient Departments and Dispensaries*	*Treated at mobile dispensaries*
1946	2,068	10,835	no mobile service not available
1947	1,517	10,558	
1948	1,392	13,957	,,
1949	1,520	19,432	,,
1950	1,666	20,523	,,
1951	3,005	19,753	14,558
1952	2,936	18,405	17,204
1953	2,934	21,150	13,507
1954	2,634	25,573	16,696
1955	2,014	29,753	11,870

147. The question of anaemia is one calling for special investigation and steps are being taken to have a scientific survey conducted at the earliest possible opportunity. When Dr. P. Clément of World Health Organzation visited the Colony in June, this serious problem was discussed with him and following those discussions.

Professor Woodruff spent nearly three weeks in Mauritius in October to effect a preliminary survey and indicate the lines along which further research should be pursued. The World Health Organization has made provision in its most recent budget for a Nutrition Project for Mauritius and there were good reasons for hoping that a medical haematologist and a non-medical nutritionist would be selected in 1956 by the Organization for secondment to this Colony.

148. Too many households are too entirely dependent on market supplies whereas too much land is left unproductive and derelict in the front or back yards. Accordingly a proposal to initiate vegetable clubs, a much cherished and desirable project, was finalised towards the end of the year, thanks to the support of the Director of Agriculture and the Officer in charge of the Agricultural Extension Service. Unless the area given to foodcrops is increased, the food position of the Colony and especially that of the protective foods is likely to be adversely affected as a result of the steady increase in the population. The greater the number of mouths to feed, the smaller and dearer will become the individual share. As a result of the prosperity which the Colony is presently enjoying, the standard of living of the present population has much improved with the consequence that the cost of production of locally produced foods has also increased to a considerable extent. With a view to counteracting the evil effect of these two factors on the availability and the cost of foodstuffs, it is proposed to encourage every one of our fellow countrymen to produce some food of some sort to the maximum extent of his possibilities. Everyone who can spare a portion of land, however small it may be, should be encouraged to bring it into useful production of foodstuffs. Everyone who, for any reason, cannot utilize the portion of land he has available, should be encouraged to arrange for or allow someone else to bring it under production. The main object of these vegetable clubs will be to relieve food shortage especially that of a protective type like green vegetables, by stimulating the running of kitchen gardens in as many households as possible. To many, this will provide a healthy physical exercise or a pleasant hobby. To all those who go in for food production, it will provide first class quality food and important financial savings by going less frequently to the market and more often to their gardens. The present lack of interest towards gardening is mainly due to indifference and ignorance, failure in previous attempts, and a general belief that successful gardening requires much expert knowledge. The object of the clubs will be to neutralize and combat the influence of these factors by providing to members of the public such information as is likely to break their indifference, and by showing them how and what valuable food material they can easily produce themselves, by advising them on the causes of failure and on the measures to be adopted to prevent or minimize future failures and by demonstrating that amateur-gardening can be very successful if only some elementary principles could be learnt by would-be amateur-gardeners.

C. FOOD IN RELATION TO HEALTH AND DISEASE

149. The cost of basic foodstuffs remains high. Animal protein is still difficult to obtain and when available the price is not within the reach of the lower income groups. Green vegetables are usually in reasonable supply in mid-winter, i.e. at the height of the season most favourable for their production, but they tend to become scarce at other periods. Vegetable clubs can go a long way towards helping to meet this shortage. Much land formerly used to produce foodcrops is now planted with sugar cane which, during the past few years, has represented an excellent cash crop.

150. The relation between food and health is of the greatest importance in Mauritius. Here, as elsewhere, most of the population depend on others for the provision and preparation of their food needs. Difficulties are experienced with most of the eating places and stalls and with the itinerant hawkers who are a menace to school-children. The food inspectorate is very active and carries out systematic inspections of food and premises associated with the production or sale of food. A few up-to-date food and drink producing factories have come into being and may stimulate other producers to pay greater attention to clean surroundings and to proper methods of production. Unfortunately, problems remain with the older establishments engaged in the production and supply of bread, biscuits and sweets and with the milk trade.

151. The conditions under which milk is sold and the adulteration to which this vital commodity is regularly subjected continue to be a most disquieting feature. Not enough milk is produced in the Island and there is such a big gap between demand and supply that the tempatation to sell water at the price of milk must indeed be overpowering. A number of milk dealers are accomplished chemist and some of the tricks to which they resort are weird and wonderful. The sanitary staff was, as usual, very active in exercising control over milk producers and sellers and the special Milk Control Unit which was created in December, 1953, has done a good deal to improve the quality of the milk sold especially in the urban areas where supervision is comparatively easier than in the rural areas. About 375 samples of milk sold in the towns were taken by the Inspectors of the Milk Control Unit and submitted for analysis to the Government Chemist and of these, 210 or 56 per cent did not comply with the requrements of the law. The other Inspectors of the Public Health Division took 621 samples of which 393 or 63·3 per cent were sophisticated. All milk produced and sold in present local conditions requires to be boiled before consumption and the necessity is stressed upon by all the health educators.

152. In August, the Director of Medical Services was informed by Deputy Chief Medical Officer of the Colonial Office that two cases of botulism had occurred in Battersea Borough as a result of consuming pickled fish which had been prepared domestically in

Mauritius. It was confirmed on enquiry at this end that one of the inhabitants had prepared fish in boiling oil and spices and despatched it to one of his relatives in England in a glass container of doubtful cleanliness. Advantage was taken of this occurrence to warn the population of the risk involved in partaking of food substances which are not hygienically prepared.

Inspection of Imported Foodstuffs

153. The inspection of foodstuffs imported into the Colony is a well-established routine. The goods listed below were found unfit for human consumption and seized:—

27 drums coconut oil
1 tin gingeli oil
8 balls cheese
28 cakes cheese
2 barrels salted pork
1167 pockets and 279 bags potatoes
25 bags and 359 pockets onions
26 cartons milk chocolate
2 cases dried fruits
6 bags grains sweepings
3348 tins evaporated milk
2165 kgs. rice sweepings
96 tins cocktail sausages

154. There are six public and one private abattoirs. The public slaughter-houses administered by the Municipality of Port Louis, the Town Councils of Curepipe and of Beau Bassin-Rose Hill as well as the Government slaughter-house at Flacq are each controlled by a qualified Veterinary Surgeon. In other places supervision rests with the sanitary staff. There are 12 markets in the Colony.

D. HOUSING

155. The housing situation remains difficult particularly in relation to the lower income groups. The problem is not only to catch up with the arrears which accumulated as a result of the slackening of building activities during the war and immediate post-war years, when normal maintenance and expansion came to a standstill, but also to meet the phenomenal increase in population. On the other hand, the post-war expansion of Government activity, particularly in the field of social services and private enterprise have made heavy demands on the building industry.

156. The following table shows the number of houses built by various bodies in the period between 1950 and 1955:—

	No. of buildings erected	*No. of habitable rooms*
(*a*) By the Municipality of Port Louis	17	160
(*b*) By the Town Council of Curepipe	46	80
(*c*) By the Town Council of Quatre Bornes	133	524
(*d*) By the Town Council of Beau Bassin—Rose Hill ...	81	226
(*e*) By the Sugar Industry Labour Welfare Fund Committee	288	656
(*f*) By the Sugar Estate	1,123	4,249
TOTAL	1,688	5,895

157. The number of building permits issued to private individuals was as follows:—

Year	*Port Louis*	*Curepipe*	*Quatre Bornes*	*Beau Bassin—Rose Hill*	*Rural Areas*
1950	233	189	62	114	1,158
1951	261	179	96	114	1,040
1952	190	185	92	124	958
1953	280	162	128	211	1,158
1954	355	209	179	228	1,397
1955	456	210	170	179	1,741

E. GENERAL MEASURES OF SANITATION

Health Inspection

158. The Sanitary staff consists of:—

4 Senior Health Inspectors
13 Sanitary Inspectors, Grade I
40 Sanitary Inspectors, Grade II
1 Port Health Inspector.

For sanitary inspection purposes, the Port Louis municipal area is divided into six sections, Plaines Wilhems district into two sections and the remaining districts into seven divisions. The inspections made by the Sanitary Inspectors during the year are listed in Table VII.

Scavenging and Refuse Disposal

159. The improvements mentioned in previous reports have been further extended and the Department, the Municipality of Port Louis and the three Town Councils all have good fleets of modern refuse-collecting vehicles. Village councils continue to run quite efficiently their own scavenging service under the guidance of the Civil Commissioners and of the Health Department. Everywhere the refuse collected is disposed of by tipping except in the township of Quatre Bornes where it is composted. The menace in an otherwise satisfactory organization is the difficult citizen who continues to dump his household refuse in street drains or in the streets themselves. This lack of cleanly habits is still too evident in the capital town of Port Louis.

Port Louis District

160. Area: 16 square miles:—

Estimated population at the 31st December 1955	94,638
Density per square mile	5,915
Live births	4,088
Birth rate per 1,000	44·0
Still births	264
Deaths	1,303
Death rate per 1,000	14·0

The Health Office for the District of Port Louis is administered by a Senior Medical Officer of Health who is also Port Health Officer. The staff consists of one Senior Sanitary Inspector, seven Sanitary Inspectors and six disinfectors. A Port Health Inspector is in charge of port sanitary duties and is also responsible for anti-rodent measures for which he has a staff of thirteen.

161. The scavenging service is carried out by the Municipality which is also responsible for the water supply derived from Pailles Reservoir and distributed after chlorination following sand filtration. The sewerage system is under the supervision of the Public Works Department, the sewage being dealt with by disposal at sea. A number of pail and pit latrines are found in the extra urban area which is outside the sewarage area.

Plaines Wilhems District

162. Area : 78 square miles :—

Estimated population at the 31st December	166,973
Density per square mile	2,140
Live births	6,432
Birth rate per 1,000	39·2
Still Births	392
Deaths	1,862
Death rate per 1,000	11·4

The district of Plaines Wilhems is divided into two sections, upper and lower Plaines Wilhems, each under the charge of a Senior Sanitary Inspector. All the work is supervised by a Medical Officer of Health. There are three Health Offices, one at Curepipe, one at Vacoas and one at Rose Hill.

Regulation of Trades and Industries

163. The coming into force of the Trades and Industries (Regulation) Ordinance (No. 65 of 1951) gave much additional work to the health staff, although it was not intended to effect a revolution in the space of one year. As it is proposed to enforce in stages the requirements of the new legislation, only the most urgent improvements were required for 1955 and it is gratifying to note that a fair number of traders had, by the end of the year, complied with conditions attached on their licence.

F. ANTI-RODENT OPERATIONS

164. The number of rodents caught by trapping during the year was :—

Rats	6,299
Mice	1,680
Musks	266
TOTAL ...	8,245

Most of the operations are now carried out by poison treatment, which means that infestations are completely cleared wihout traces of rodents alive or dead being seen. The figures quoted above therefore do not convey an accurate idea of the actual destruction taking place.

165. In September a systematic inspection of all the rats caught in the Port Louis area was carried out with a view to determining the flea index. This was found to be very low compared to the figures obtaining some 10 years ago. In view of this and taking into consideration the observations made in similar circumstances in

Tananarive and Bombay, it was decided that an experiment would be carried out to find out the possible relationship between the spraying of houses with D.D.T. and the resulting effects on the flea index. In Tananarive, for example, the X cheopis index fell from a maximum of 3·51 in 1948 to 0·05 in 1951 after a six-month combined operation of anti-malarial spraying of houses with D.D.T. and the dusting of every building with a powder containing 5-10 per cent of both D.D.T. and B.H.C. had been carried out. Accordingly, the fur from rats caught in certain buildings of Port Louis which had been treated with D.D.T. was clipped off and sent to the chemist who confirmed the presence of the insecticide. At the same time the fur from "control rats" caught in the Moka area which had not been treated with D.D.T. was also examined with negative results. The flea indices were as follows:—

Port Louis Area *(Traces of D.D.T. detected in fur)*	*Moka Area* *(no D.D.T. on fur)*
0.0035	1

G. PORT HEALTH AND QUARANTINE

166. Port Louis is the only seaport in Mauritius for ocean-going vessels. Health measures in the port area are directed by the Medical Officer of Health for Port Louis, assisted by a Port Health Inspector. There is a well-equipped Disinfecting Station to carry out disinfection and fumigation. Under the International Sanitary Regulations, 1951, Port Louis is an approved and designated port for the issue of deratting and deratting exemption certificates. Five deratting and ten deratting exemption certificates were issued during the year. The number of vessels admitted to pratique during the year is given in Table VIII. No passenger coming from abroad was detained on account of any of the quarantinable diseases.

The airport is in the south of the Island at Plaisance. The District Medical Officer, assisted by a Sanitary Inspector, is responsible for all sanitary measures at the airport. 159 civil aircraft arrived in the Colony with 3,280 passengers, of whom 800 coming from infected areas were put under surveillance. All planes were disinsected on reaching and before leaving the airport.

H. WATER SUPPLIES

167. This subject is dealt with in the report of the Director of Public Works and Surveys.

I. SCHOOLS MEDICAL SERVICE

Medical Work

168.—*(a)* All the schools were visited during the year and all entrants present were examined. Numbers examined were as follows:—

Entrants (screening only)	8,942
Specials	987
Re-examinations	1,596
TOTAL ...	11,525

A summary of the important findings in each district is given below:—

District	*No. of entrants examined*	*Poor general condition*	*Anaemia*	*Bitot's Spot*	*Scabies*	*Otorrhoea*
		%	%	%	%	%
Grand Port—Savanne ...	1,831	30·31	3·98	0·92	0·60	0·05
Plaines Wilhems	2,060	16·55	1·01	0·58	0·92	0·19
Moka—Flacq	1,609	31·75	3·16	2·05	1.30	0·37
Port Louis	1,590	12·20	0·69	0·18	0.94	0·18
Pamplemousses—Rivière du Rempart	1,601	21·11	0·93	0·99	1·31	0·62
Black River	251	35·85	3·58	2·78	0·79	0·00

The major defects found were: poor general condition, anaemia, scabies, otorrhoea and asthma. Further, anaemia is much more prevalent in the rural areas.

Of 11,525 pupils examined:—

(i) 16.9 per cent needed medical treatment, including 61 who were referred to Government Specialists;

(ii) 80 were contacts of relatives suffering from pulmonary tuberculosis;

(iii) 4,867 were put on a double ration of milk and 8 yeast tablets daily at school.

(b) 2,500 pupils were screened at the Holiday Camp at Cannoniers' Point during the period June to October: 109 pupils were found to require medical treatment and two referred to hospital for injuries sustained at the camp.

(c) 167 entrants to the Government Secondary Schools were examined. Of these 8.2 per cent needed medical treatment, whilst 28 per cent had no vaccination marks against small-pox;

(d) At the end of the year 143 candidates for the Teachers' Training College were examined prior to admission. Three were found unfit and 27 per cent had no vaccination marks against smallpox.

169. The School Nurses paid 191 visits to the various schools of the Island and carried out health, cleanliness and vision surveys.

(a) Cleanliness survey:—

(i) 43,314 pupils were examined for dirty finger nails, nits, nits and lice and the findings were:—

9.43 per cent had dirty finger nails
16.20 per cent had nits
8.47 per cent had nits and lice.

The corresponding figures for 1951 were 21.5 per cent, 14.8 per cent and 7.1 per cent respectively.

(ii) 46,232 pupils were examined for handkerchiefs and tooth brushes and the findings were:—

15.66 per cent without handkerchiefs and 7.07 per cent without tooth brushes.

(b) Health Survey:—

42,799 pupils were examined and 1,666 were referred to the School Medical Officer.

(c) Vision Survey:—

The distance vision of 9,394 pupils in the Third and Sixth standards was checked in 114 schools and 150 pupils were referred to the School Medical Officer for treatment.

(d) Follow-up cases:—

214 schools were visited for follow-up of pupils under treatment; 3,543 such pupils were examined and 549 were treated.

Talks and demonstrations on personal hygiene were given to pupils in the schools and also to mothers of school children in Social Welfare Centres.

The Milk Scheme

170. The Education Department accepted the offer of a generous gift of full-cream unsweetened condensed milk from the United Kingdom Ministry of Food. In all about 1,600 tons were received and out of that quantity, 1,130 tons were issued to schoolchildren during the period February–December 1955; the balance will be sufficient to cover the period January–May 1956. It is gratifying to record that the distribution of milk in schools continues to be a very popular feature.

The Nutrition and Health Assistant

171. The Nutrition and Health Assistant paid 219 visits to the schools and weighed and measured 5,071 pupils. She took 45 milk samples of analysis by the Government Chemist, gave seven talks and demonstrations to mothers of schoolchildren at Social Welfare Centres. She also helped the nurses in the vision survey.

Dental Work

172. The three Government Dentists continued to give dental treatment to schoolchildren. 1,625 tooth brushes were sold during the year by the Education Department. A survey of 46,232 pupils showed that 93 per cent had toothbrushes, the corresponding figure for 1954 being 85.5 per cent.

Tuberculosis Control

173.—*(a)* 80 pupils were found to be contacts of relatives suffering from pulmonary tuberculosis and are kept under close observation.

(b) The Tuberculosis Officer and his staff paid 907 visits to the primary schools during the year: 12,621 pupils were tuberculin tested, and 8,931 had B.C.G. vaccination.

(c) Every new teacher recruited now has an X-Ray photograph of his chest done before being posted to a school.

Health Education

174. The School Medical Officer and the Nurses laid great emphasis on personal hygiene during their school visits. The Department continued to receive useful publications from the Central Council of Health Education for use in health education work. The monthly " Better Health " was sent regularly to every school. Lectures on health education were delivered by the Tuberculosis Officer, the Senior Medical Officer of Health Port Louis and one of the Government Dentists at the Teachers' Training College.

PART V

Maternity and Child Health

175. A scheme for the expansion of maternity and child health services in the rural areas based on the social welfare centres built by the Sugar Industry Labour Welfare Fund Committee is under implementaton. Ten social welfare centres in a scheme which provides for fifteen such centres have been built by the Committee and provided with quarters for midwives. Two trained midwives will be appointed to each of these centres and they will be responsible for the domiciliary service under the general supervision of the Superintendent of Midwives. The latter arrived in the Colony in October and by the end of the year midwives had been appointed to two of the centres.

176. It is not long since the trained midwife was viewed with some suspicion and the expectant mother in rural areas preferred to have recourse to the unauthorized village attendant or " *dai* " who not only assisted her during her confinement but also helped her in her household responsibilities during the post-partum period. The untrained attendant is being slowly eliminated by the trained midwife who is steadily gaining the confidence of the population. During the past few years there has been a better understanding of the importance of skilled attention and mothers are increasingly availing themselves of the facilities which are placed at their disposal. Those facilities, which include a mobile service calling at the villages and hamlets, serve a most useful purpose and are instrumental in warding off serious birth accidents. The maternal mortality has been reduced from 10.39 in 1946 to 1.47 in 1955.

177. It is a routine to take blood for serological tests from women attending the ante-natal clinics for the first time. Any case requiring treatment is referred to the hospital on which is based the centre attended by the woman. Another routine at the clinics is the issue of iron and yeast tablets. Cold liver oil and vitamin preparations are given under supervision.

178. 62 midwives are employed by the Department, of whom 32 are seconded to the Maternity and Child Welfare Society, while three are stationed in Rodrigues. The midwives working directly under officers of the Department made 15,122 visits and attended to 1,316 confinements.

179. The activities of the Maternity and Child Welfare Society were as listed below:—

Confinements	2,666
Attendances of women at consultations	6,784
Attendanees of infants at consultations	7,824
Attendances of infants at centres for weighing and supervision ...	19,268
Visits to infants	1,924
Average number of infants receiving milk daily	1,042
Average number of litres of milk distributed daily	522

180. The District Midwifery Service, based on the Civil Hospital, Port Louis, continued to function satisfactorily. The number of confinements at home conducted by the midwives was 942, while 1,304 were conducted in the Maternity Black of the Civil Hospital. The midwives carried out 925 ante-natal visits and 10,148 post-natal visits in the homes.

181. The following is a summary of the ante-natal work performed by the Department:—

(*a*) Mobile ante-natal clinic:—	
Number of new cases	2,487
Re-attendances	6,204
TOTAL ...	8,691
(*b*) Eastern Dispensary, Port Louis:—	
Number of new cases	1,939
Re-attendances	6,976
TOTAL ...	8,915
(*c*) Bel Air and Medine rural centres:—	
Number of new cases	504
Re-attendances	1,318
TOTAL ...	1,822
(*d*) Civil Hospital clinic:—	
Number of new cases	2,101
Re-attendances	9,488
TOTAL ...	11,589

In addition, the Superintendent and Assistant Superintendent of Midwives examined 4,572 women at eight other centres and made 1,103 visits to homes.

182. There were five pupil midwives and nineteen nurses in training for the midwifery certificate: eight qualified in 1955.

PART VI

PRISONS, BORSTAL INSTITUTION AND INDUSTRIAL SCHOOL

Prisons

183. The total number of prisoners admitted into prisons during the year was 1,615 and the daily average population was 456.04 males and 7.89 females.

The total number of sick cases registered was 4,972 of which 322 were admitted into hospital. The daily average of sick treated as outdoor patients was 12.67 males and 0.67 females. The daily average of patients in hospital was 12.5. The sick rate calculated on the daily average in hospital was 3.88 per cent.

There were three deaths: one occurred at the Central Prison (suicide) and other two at Victoria Hospital as a result of pulmonary tuberculosis. A simple *post mortem* examination of the body was made in each case and an autopsy was performed in one case only. In each case a judicial enquiry was held.

Influenza and enteritis remained the prevailing diseases. The general health of the prisoners was good on the whole. As usual all prisoners were inoculated with T.A.B. prophylactic vaccine on admission

Borstal Institution

184. The roll at the institution at the end of the year was 98. The number of sick cases was 404: 64 were transferred to the hospital at the Central Prison, 317 treated as out-patients at the Institution dispensary and 22 at the general hospitals. The prevailing disease was influenza. All buildings were sprayed with D.D.T. twice during the year.

Barkly Industrial School

185. The number of boys at the School at the end of the year was 108. The daily average of patients in hospital and of outpatients was 4·40 and 12·44 respectively. Minor injuries accounted for the largest number of admissions to hospital. All boys were inoculated with T.A.B. on admission. Those who have been in the institution for two years were also inoculated.

PART VII

The Dependencies of Mauritius

I. *Rodri u*

186. The vital statistics are as follows:—

Area of Rodrigues: 40 square miles.

	Males	*Females*	*Total*
Estimated population at the 31st December, 1955	7,685	7,888	15,573
Estimated mid-year population	—	—	15,182
Density per square mile : 389	—	—	—
Live births	315	327	642
Live births per 1,000 population	—	—	42·3
Still births	—	—	23
Still birth rate per 100 live births	—	—	3·6
Deaths	95	77	172
Crude death rate per 1,000 population	—	—	11·3
Maternal deaths	—	2	2
Maternal mortality rate per 1,000 births (live and still)	—	—	3·11
Infant mortality	36	36	72
Infant mortality rate per 1,000 births	—	—	112·1

187. There are three hospitals at Rodrigues. The main one at Port Mathurin with 40 beds is an old wooden structure which has now reached the stage when it should be replaced. Provision is made in the Capital Expenditure Programme 1955–60 for the construction of a new modern hospital of 60 beds to replace the old building. The two other institutions are small cottage hospitals sited at Mont Lubin and La Ferme which have 30 beds between them.

188. The following figures indicate the work performed in the three hospitals:—

	1954	*1955*
Out-patient	34,552	44,690
Admissions to hospitals	2,003	2,263
Surgical operations performed ...	439	903

Fifteen patients were transferred to Mauritius for treatment by specialists. The number of deaths occurirng in the hospitals was 39.

189. 1,146 ante-natal examinations were carried out as compared with 718 in 1954, and 226 confinements were conducted by the Department's midwives as compared with 193 in the previous year. Free milk is made available to infants by the Public Assistance Department on the recommendation of the Government Medical Officer.

190. The Sanitary Inspector posted to the Dependency concentrated on the area around the main village and visited from time to time other parts of the Island. His main duties are those of a health educator. The night soil and cleansing services functioned satisfactorily.

191. 137 infants were inoculated against whooping cough and 601 vaccinated against smallpox.

192. The Prison was periodically visited and all prisoners are medically examined on admission and on discharge. Forty-one prisoners reported sick and there was one death from cardiac asthma.

193. Although the Rodrigues population continues to be suspicious of modern facilities, a study of the records extending over the past decade demonstrates that its confidence is being gradually gained. Rodrigues is a naturally healthy island and has no major scourge towards the elimination of which the public health organization could make a striking contribution, but the Rodrigues community is not yet at a sufficiently advanced level to appreciate fully the importance of health in all circumstances of life and sustained efforts are necessary to stimulate its interest in condition of living. There is no doubt that in Mauritius the eradication of malaria, a disease whose existence had for generations been accepted fatalistically, went a long way towards stimulating public interest in health matters.

II. THE CHAGOS ARCHIPELAGO AND AGALEGA

194. The general health of the small population of these remote islands was very good and there is nothing of importance to report. One of the Sanitary Inspectors of the Department spent a few months in Agalega to assist in the implementation of the health programme recommended by the Director of Medical Services after an inspection of the island.

ACKNOWLEDGMENT

195. In many a field voluntary workers have extended their help to the Health Department and their contribution has been valuable. The work of many groups functioning incognito and of the following societies and organisations is gratefully acknowledged: —

The Maternity and Child Welfare Society
The Mauritius Branch of the British Red Cross Society
The Tuberculosis Society
The St John Ambulance Association
The Stretcher Bearers Association
The Friends of Moulin à Poudre
The Welfare of the Blind and the Prevention of Blindness Society.

28th December, 1956.

R. LAVOIPIERRE,
Director of Medical Services.

APPENDIX I

Bone and Joint Tuberculosis in Mauritius

I. INTRODUCTION

Following the 1945 Poliomyelitis epidemic in Mauritius, the creation of an orthopaedic service became a necessity. Although this service was primarily intended to deal with the many paralytics, it became evident that other orthopaedic conditions would have to be tackled.

Information concerning bone and joint tuberculosis was meagre. The impression gathered was that the disease, although existent, was not prevalent.

Soon, however, it became clear that such was not the true picture. As more and more T.B. cases were being seen, it became imperative to find accommodation for them. At first they were admitted to both the Orthopaedic and General Hospitals. It was only in 1949 that it became possible to segregate such cases in the Orthopaedic Hospital. At present approximately 50 beds are so occupied.

It is estimated that 10 per cent of the yearly T.B. notifications consist of bone and joint lesions.

MATERIAL

2. From 1946 to 1954, some 300 patients presenting 320 bone and joint lesions have been seen. These have been grouped as follows:—

TABLE I

Site			*Total*	*% of Total cases*
Spine	Cervical ...	9	150	46
	Dorsal ...	44		
	Dorsal-lumbar	30		
	Lumbar ...	67		
Hips	Right	31	49	15
	Left	18		
Knee	Right	22	43	13
	Left	21		
Others	S. Iliac ...	12	70	26
	Tarsus	14		
	Ankle	18		
	Elbow	15		
	Shoulder ...	6		
	Others	13		
			320	100

DISTRIBUTION

3. This ran true to type, spinal lesions being the majority group. (Table I). Hips and knees showed equal incidence. The distribution of spinal lesions is shown in the upper portion of the figure annexed to this report.

AGE INCIDENCE

4. (See the lower portion of the figure annexed). The relative frequency of the disease under 5 years of age is to be noted. On the other hand the rarity of the condition over 50 could be explained by the relatively short life expectancy of the general population.

DIAGNOSIS

5. The great majority of the cases have been seen late when the diagnosis was pretty obvious. Where diagnosis was doubtful, every effort, including biopsy and culture, was made to establish it. As a rule, all suspicious joints were treated as tuberculous unless proved otherwise.

Owing to limited facilities, it has not been possible to differentiate the types of bacillus involved. For the following reasons, however, it is presumed that the human variety is the most common:—

(*a*) Frequency of open pulmonary tuberculosis in the family.
(*b*) Overcrowding.
(*c*) The local custom of boiling all milk before consumption.

COMPLICATIONS

6.—(*a*) Sinus formation 34 per cent.
(*b*) Other active lesions 20.7 per cent.
(*c*) Active lung disease 10 per cent.
(*d*) Double bony lesion 4 per cent.

In spinal cases the incidence of paraplegia was 13.5 per cent.

TREATMENT

7. The main basis of treatment has been rest with or without chemotherapy and possibly followed by fusion operations later.

221 cases or 71 per cent have received or are receiving treatment:—

(*a*) *Rest.*—Difficulty has been experienced in persuading patients to submit to prolonged rest. Very often, after a few days their pain having disappeared, they believe themselves cured and insist on going home. For such reason a period of uninterrupted rest for three months has been taken as minimum treatment.

It is realised that such an arbitrary period is far too short and has to be considered when assessing the results and average hospital stay.

(*b*) In this series, 87 cases or 39 per cent had the benefit of chemotherapy. At first, owing to very short supply, it was reserved for early synovial disease; cases with long standing sinuses, and very often as a life-saving measure.

(*c*) Fusion operations have been done on adults and occasionally on children in special circumstances. Such operations were done in the quiescent stage of the disease.

In spinal cases the tendency has been to fuse most adults with the idea of providing greater security, as most of the patients will not wear a brace. It is perhaps relevant to mention here that in two small fairly equal groups in which 28 had fusion and 25 none, reactivity occurred in 2 cases of the first group and in 4 of the latter.

RESULTS

8. Of the 221 " treated " cases, 184 or 82.8 per cent have been discharged or have died. Follow-up has varied from 6 months to 5 years.

A definition of the terms used in the assessment is here indicated.

Satisfactory means symptom-free with no sign of any activity during follow-up.

Not satisfactory means either activity of the disease in the original joint or somewhere else or the presence of symptoms.

Assessment of the group as a whole (Table II) has been made. The influence of chemotherapy, the presence of a sinus and of other active lesions on the prognosis has been evaluated.

Details and results in the various groups are also given (Table III).

TABLE II

Remarks	*Number of cases*	*Satisfactory*	*Not Satisfactory*	*Dead*	*Untraced*	*Hospital Stay*
		%	%	%	%	mths.
Whole Group	184	64	9	8	10	18
Chemotheraphy Group ...	50	80	16	2	2	18
Presence of Sinus ...	64	71	10	7	12	24
Presence of other active T.B. lesion	32	47	20	15	18	24

(*a*) *Hospital stay.*—The average was 18 months. The following factors would appear to have some influence on length of treatment:—

(i) Presence of complications.
(ii) Site of lesion.
(iii) Age of the patient.

(*b*) *Mortality.*—In this series there were 14 deaths. A gross mortality of 8 per cent. Two were considered to be anaesthetic deaths. One followed nephrectomy. One died of amyloid disease and three of the tuberculous infection. The other 7 patients died after discharge and the cause of death is unknown.

The highest gross mortality were found in the following groups:—

(i) Spinal disease.
(ii) The 20 to 50 age group.
(iii) Those with other active T.B. lesions.

Chemotherapy would seem to have a marked beneficial effect in improving the mortality rate.

Conclusions

9.—(*a*) Bone and joint tuberculosis is frequent.

(*b*) The type of organism is probably of the human variety.

(*c*) The disease is commonest in the spine and is twice as common in the right than in the left hip.

(*d*) Children under 5 years are prone to the disease. The commonest lesions being in the spine and knee.

(*e*) The presence of a sinus does not seem to influence the ultimate prognosis, but prolongs the treatment.

(*f*) Associated active tuberculosis lesions would appear to have a deleterious effect on prognosis.

(*g*) The beneficial effect of chemotherapy is recognised.

(*h*) Age and the site of the lesion would seem to have some influence on prognosis and length of treatment.

I should like to acknowledge the advice and encouragement given to me by Mr. H. J. Seddon in preparing this report.

A. Bathfield, F.R.C.S.
Specialist, Orthopaedics.

TABLE II

Site	*Total*	*Out of Hospital*	*Sinuses*	*Other T.B. Lesions*	*Paraplegia*	*Chemotherapy*	*Fusion*	*Satisfactory*	*Not satisfactory*	*Dead*	*Untreated*	*Average Hospital stay*
			%	%	%	%	%	%	%	%	%	Mths
Spine	110	90	30	20	13·5	38·7	31·5	61·6	7·7	9·9	18·7	18/12
Hips	40	32	40	12·5	—	25	30	59	6	6	28	18/12
Knees	34	28	24	15	—	36	36	68	11	7	14	18/12
Others	37	34	47	34	—	54·6	26	*72	15	3	10	14/12
Whole Group ...	221	184	34	20·7	13·5	39	32·8	64	9	8	18	18/12

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*Includes amputation for T. B. Tarsus.

APPENDIX II

WORK PERFORMED AT THE CENTRAL HEALTH LABORATORY DURING 1955

The work of the laboratory is divided up into the following sections:—

I. Medical Biology
II. Histology
III. Bacteriology
IV. Haematology
V. Serology
VI. Biochemistry
VII. Veterinary
VIII. Laboratory Product

I. MEDICAL BIOLOGY

A. 7,702 SIMPLE ROUTINE EXAMINATIONS WERE MADE

(a) Blood (Microscopical)

Films for microfilariae:—

Wuchereria	3
No microfilariae	77
Total number examined	80

(b) Faeces (Microscopical)

Total number examined	3,064

Helminths:—

Hymenolepis nana	1
Taenia	3
Heterodera Marioni Ova	11
Enterobius Vermicularis Ova	4
Trichuris Ova	1,295
Ascaris Ova	993
" Hookworm " Ova	1,529
Strongyloides Larvae	80
Trichostrongyle Ova	2
Bertiella Studeri	2

Protozoa:—

Entamoeba histolytica	118
Entamoeba Coli	180
Vegetative and precystic amoebae	28
Iodamoeba butschlii	1
Giardia Lamblia intestinalis	154
Endolimax Nana	237
Chilomastix mesnili	35
Trichomonas Instestinalis	81
Blastocystis hominis	608
No helminths, no protozoa	686

(*c*) *Urine* (*Microscopical*)

Total number examined	2,457
Hyaline casts	210
Granular Casts	197
Leucocytic Casts	27
Cellular Casts	16
Red blood cells casts	3
Waxy casts	16
Trichomonas Vaginalis	48
Schistosoma haematobium	90

(*d*) *Urine for Pregnancy Test*

Total number examined	1,763
Positive-male toad test	758

(*e*) *Cerebro-Spinal Fluid*

Total number examined	331
Leucocyte count	308
Differential Leucocyte count	23

(*f*) *Pus, Discharges, Scrapings etc.*

Total number examined	7
Mycellia of Fungus	**5**

II. HISTOLOGY

Biopsy and Morbid histological examinations were made on 288 specimens of material.

Head and Neck:—

Brain:—	
Normal	1
Face:—	
Basal celled Carsinoma	2
Epithelioma of cheek	1
Ear:—	
Keloid	1
Epithelioma	1
Eye:—	
Chronic inflammation of lid	1
Lip:—	
Papilloma	3
Epithelioma	1
Tongue:—	
Glossitis	1
Epithelioma	1
Lymphosarcoma	1

Palate:—	
Epithelioma	1
Nose:—	
Chronic rhinitis	1
Fibropapilloma	1
Haemorrhagic cyst	1
Nasopharynx:—	
Sarcoma	1
Pharynx:—	
Benign polypus	2
Larynx:—	
Papilloma	2
Epithelioma	2
Jaw:—	
Gingivitis	2
Mycloid epulis	2
Adamantinoma	1
Maxillary Antrum:—	
Spindle Cell sarcoma	1
Salivary gland:—	
Parotitis	1
Mixed salivary gland tumour	1
Neck:—	
Thyroid:—	
Adenoma	2
Epithelioma:—	
Of Neck	2
Thorax:—	
Chest wall:—	
Keloid	1
Epithelioma	1
Breast:—	
Fibrodenoma	5
Scirrhous carcinoma	8
Adenocarcinoma	2
Chronic Mastitis	2
Accessory Nipple	1
Simple cyst	1
Heart:—	
Normal	3

Abdomen cavity:—	
Piece of fat	1
Adenoma	1
Spindle cell sarcoma	1
Adenocarcinoma	2
Liver:—	
Normal	5
Cirrhosis	1
Pancreas:—	
Carcinoma	1
Spleen:—	
? Hodgkin's disease	1
Kidneys:—	
Normal	2
Stomach:—	
Scirrhous carcinoma	1
Adenocarcinoma	5
Intestine:—	
Normal	1
Crohn's Disease	1
Chronic Appendicitis	3
Mucoid Carcinoma of Rectum	1
Adenocarcinoma of Rectum	1
Anus:—	
Chronic inflammation	1
Pelvis:—	
Cervix—	
Fibroma	7
Schistosomal cervicitis	3
Chronic cervicitis	2
Squamous carcinoma	7
Uterus:—	
Normal endomerium	18
Blood clot	12
Products of conception	6
Hydatidiform mole	3
Hyperplasia of endometrium	12
Adenocarcinoma	1
Fibroma	8
Endometritis	3
Myosarcoma	2

Ovary:—	
Ruptured lutein cyst	1
Follicular cyst	1
Adenocarcinoma	3
Fibrosis	1
Fallopian tube:—	
Normal	1
Adenocarcinoma	1
Bladder:—	
Desquanted epithelium	2
Papilloma	2
Transitional Carcinoma	1
Prostate:—	
Hypertrophy	2
Testes:—	
Orchitis	2
Seminoma	1
Upper Limb:—	
Finger:—	
Fibroma	2
Foreign body reaction	1
Humerus:—	
Giant Cell sarcoma	1
Lower Limb:—	
Thigh:—	
Spindle Cell Sarcoma	1
Tibia:—	
Condrorarcoma	1
Leg:—	
Simple cyst	1
Foot:—	
Fibroma	2
Epithelioma	2
Endothelioma	1
Sarcoma	1
Toe:—	
Simple cyst	—

Skin:—

Epithelioma	4
Melanoma	2
Dermatitis	2
Fibroma	1
Fibrolipoma	1
Papilloma	1

Bone:—

Chronic Osteomyelitis	1
Osteosarcoma	1
Sequestum	1
Tuberculosis	1

Blood Vessels:—

Buerger's Disease	1

Nerves:—

Sympathetic Ganglion	9

Joints:—

Synovitis	4
Loose body	1
Chronic Arthritis	1

Miscellaneous:—

Pyogenic Abscess	1
Purulent Tissue	1
Structureless Material	1
Teratoma on buttock	1
Wart on buttock	1
Myositis	1
Myosarcoma	1

Animals

Guinea Pigs:—

Liver:—

T. B. Granuloma	1

Spleen:—

T. B. Granuloma	1

Lung:—

T. B. Granuloma	1

Fowl:—

Liver:—

Necrosis	1

III. BACTERIOLOGY

A. DIRECT MICROSCOPICAL EXAMINATIONS

1,758 microscopical examinations were made:—

(a) *Stools (Microscopical)*

Total number examined	4

(b) *Sputum (Microscopical)*

Total number examined	1,231
Mycobacter Tuberculosis	171

(c) *Urine (Microscopical)*

Total number examined	24

(d) *Cerebro Spinal Fluid (Microscopical)*

Total number examined	103
Pneumococci	2

(e) *Throat and Nasal Swabbings (Microscopical)*

Total number examined	63
Corynebact Diphteria	1
Vincent's fusiform organism	3
Streptococcus	1
Spirochaetes	1

(f) *Pus Discharges, Scrapings, etc., (Microscopical)*

Total number examined	333
Neisseria Gonorrhoae	9
Mycobacter Tuberculosis	3
Doderlein's Bacillus	4
Oidium Albicans	1
Streptococcus	2
Straphylococcus	5

B. CULTURES

3,502 examinations were made:—

(a) *Blood*

Total number cultured	50
Bact. Coli Atypical	2
Bact. Coli Alkaligenes	2
Bact. Coli Anaerogenes	2
Bact. Subtilis	2
Staphylococcus Albus	5
Monilia Species	1

(b) *Faeces*

Total number cultured	92
Bact. Coli typical	2
Bact. Coli Atypical	2
Bact. Tuphosum	3
Bact. Dysentry	1
Morgan's Bacillus	4

(c) *Urine*

Total number cultured	815
Bact. Coli typical	205
Bact. Coli Atypical	51
Bact. Coli Anaerogenes	7
Bact. Coli Aerogenes	4
Bact. Paracolon	3
Morgan's bacillus	30
Bact. faecalis alkaligenes	10
Bact. friedlanderi	1
Pseudomonas Pyocyanea	12
Bact. Subtilis	5
Bact. Proteus	11
Streptococcus haemoliticus	1
Streptococcus non-haemoliticus	1
Streptococcus faecalis	2
Streptococcus viridans	2
Staphylococcus aureus	8
Staphylococcus citreus	1
Staphylococcus albus	1
Diphteroids	2
Mycobacter tuberculosis	5
Monilia species	8
Innoculation to guinea pig	7

(d) *Sputum*

Total number cultured	64
Streptococcus	64
Staphylococcus aureus	1
Staphylococcus albus	1
Pneumococcus	3
Mycobacter tuberculosis	18
Innoculation to guinea-pig	1

(e) *Cerebro-spinal Fluid*

Total number cultured	178
Typical Bact. Coli	1
Bact. Alkaligenes	1
Bact. Subtilis	3
Pneumococcus	4
Diphtheroids	2
Mycobacter tuberculosis	5
Innoculation to guinea pig	1

(f) *Throat and Nasal Swabbings*

Total number cultured	1,113
Corynebact Diphteria	102
Streptococcus viridans	3
Staphylococcus aureus	29
Staphylococcus albus	23

Haemophilus Influenza (Pfeiffer)	1
Pneumococcus	2
Diphteroids	33
Monilia species	3
Virulence test for corynebact Diphteria	2

(g) *Pus, Discharges, Scrapings etc.*

Total number cultured	1,118
Bact. Coli typical	7
Bact. Coli Atypical	4
Bact. Paracolon	1
Bact. Anaerogenes	2
Morgan's Bacillus	7
Morax Axenfeldt Bacillus	1
Bact. Proteus	9
Bact. Subtilis	1
Pseudomonas Pyocyanea	4
Streptococcus haemolyticus	7
Steptococcus viridans	2
Staphylococcus aureus	109
Staphylococcus citreus	8
Staphylococcus albus	484
Diphteroids	143
Monilia species	4
Mycobater tuberculosis	28
Innoculation to guinea pig	15

(h) *Miscellaneous*

Saline cultured	2

C. AUTOGENOUS VACCINES WERE PREPARED FROM THE FOLLOWING ORGANISMS—ISOLATED, AMONG OTHERS, FROM VARIOUS SAMPLES, 17 IN ALL

(a) *Sputum*

Staphylococcus aureus	1
Pneumococcus	1

(b) *Urine*

Bact. Coli typical	2
Bact. Coli alkaligenes	1

(c) *Throat and Nasal Swabbings*

Staphylococcus aureus	1
Pneumococcus	1

(d) *Pus, Discharges, Scrapings etc.*

Staphylococcus aureus	9
Staphylococcus albus	1

D. WATER ANALYSES

Water analyses	434

E. MILK ANALYSES

Milk analyses	1

IV. HAEMATOLOGY

Total number examined	4,685
Full counts of Red and White cells and haemoglobin determinations ...	1,091
Differential Leucocyte counts ...	344
Blood Grouping	2,585
R.H. Factor (Positive)	184
R.H. Factor (Negative)	11
Clotting and Bleeding Time	139
Blood sedimentation rate	317
Blood platelets	9
Bone marrow smears	5

V. SEROLOGY

AGGLUTINATION :—

Total number of sera submitted for agglutination test	494
Significant agglutinis for Bact. Typhosum " H " Antigen	177
Significant agglutinis for Bact. Typhosum " O " Antigen	105
Significant agglutinis for Para Typhi A " H " Antigen	11
Significant agglutinis for Para Typhi B " H " Antigen	11
Significant agglutinis for Bact. Proteus O × K	13
Significant agglutinis for Bact. Proteus O × 2	9
Significant agglutinis for Bact. Proteus O × 19	6
Significant agglutinis for Brucella Abortus	1
Unsuitable for test	5

(a) *Blood*

Kahn Tests:—

Negative	14,395
Doubtful reactions	466
+	549
+ + ...	690
+ + + ...	229
+ + + + ...	33
Unsuitable for test	226
TOTAL ...	16,588

(b) *Blood*

Kline Tests:—

Negative	13,341
Doubtful reactions	466
+	815
+ + ...	822
+ + + ...	419
+ + + + ...	270
Unsuitable for test	1,284
TOTAL ...	16,417

(c) *Blood*

Wasserman reactions:—

Negative	800
Doubtful reactions	130
+	166
+ + ...	158
+ + + ...	199
+ + + + ...	210
Unsuitable for test	256
TOTAL ...	1,919

(d) *Cerebro Spinal Fluid*

Wasserman reactions:—

Negative	24
Doubtful reactions	2
+	4
+ + ...	6
+ + + ...	1
+ + + + ...	7
Unsuitable for test	16
TOTAL ...	60

(e) *Gonorrhoea Complement fixation test*

Negative	33
Doubtful reactions	3
+	6
+ + ...	4
+ + + ...	1
Unsuitable for test	7
TOTAL ...	54

(f) *Blood*

Paul Bunnell's Test	5

(g) *Miscellaneous*

Seminal Fluid for Count and Mobility ...	9
Ascitic fluid for cells	3
Purulent fluid for cells	2
Peritoneal fluid for cells	1

VI. BIOCHEMISTRY

(a) *Urine*

Albumen—qualitative	1,256
Albumen—quantitative	30
Glucose—qualitative	1,313
Glucose—quantitative	91
Bence Jones Protein	5
Urobilinogen	9
Acetone	45
Bile Salts	16
Bile pigments	11
Specific Gravity	7
Urea	2
Chlorides	2

(b) *Blood*

Urea	1,628
Glucose	1,985
Chlorides	21
Cholesterol	9
Van Den Bergh Reaction	31
Bilirubin	30
Acid Phosphatase	11
Alkaline Phosphatase	7
Inorganic Phosphates	3
Fibrinogen	1
Thymol Turbidity Test	7
Bromides	133
Calcium	4
Protein	62
Albumin	56
Globulin	56

(c) *Cerebro Spinal Fluid*

Protein	326
Chlorides	260
Glucose	266

(d) *Faeces*

Occult Blood	10

(e) *Miscellaneous*

Total number examined	14
Fractional Test Meal	7
Gastric Juice	1
Pleural effusion	1
Peritoneal Fluid	1
Ascitic Fluid	1
Vomit	1
Gall Stone	1
Urinary Calculus	1

VII. VETERINARY

A. 27 Miscroscopical examinations were made:—

(a) *Faeces—Horse*

Total number examined	26
Helminths:—	
Strongulus ova	5
Stronguloides wasteri	1
Ascaris ova	2
Protosoa:—	
Entamoeba equi	2

(b) *Faeces—Cat*

Total number examined	1

VETERINARY SECTION

B. Post Mortem for diagnostic purposes:—

Guinea fowls	5
Chickens	98
Pigeon	1
Goose	1
Canary	1
Goat	3
Sheep	1
Rabbit	1
Dog	1
Fish	1
Foetus bovine	2
TOTAL ...	115

C. CULTURES

35 examinations were made ...

(a) *Faecal matter*

Total number cultured	2
Salmonella bovis-morbigans in goats ...	2

(b) *Cows' Milk*

Total number cultured	2
No Brucella Abortus	2

(c) *Trichominiasis*

Bulls: :—

Total number cultured	17
Trichomonas foetus	5

Cows:—

Total number cultured	6
Trichomonas foetus	3

Foetus:—

Total number cultured	1

(d) *Bovine Foetus*

Total number cultured	2
Brucella abortus	1

(e) *Tuberculosis*

Glands from bovines	3
Mycobacterium tuberculosis ...	2

(f) *Bovine Mastitis*

Steptocococcis agalaetial	1

D. INNOCULATION TO GUINEA PIG

E. NEWCASTLE DISEASE OF POULTRY

Haemagglutination Inhibition test ...	7

F. AGGLUTINATION TESTS

Total bovine sera submitted for agglutination test	176
Significant agglutinins for Brucella Abortus	31
Total caprine sera submitted for agglutination test	10
Significant agglutinins for salmopella bovis morbificans	3

H. PREPARATION OF VACCINE

Newcastle disease vaccine (subcutaneous ...	100,000 doses
Newcastle disease voccine (oval) ...	36,000 doses

VIII. LABORATORY PRODUCTS

T.A.B. prophylactic vaccine	4 litres

WORK PERFORMED AT THE ORTHOPAEDIC HOSPITAL

Haematology

Total number examined	974
Total counts of Red and White blood cells and haemoglobin determinations ...	473
Differential leucocyte count	27
Blood Grouping	143
R.H. Factor (positive)	1
Clotting and Bleeding Time	1
Blood sedimentation rate	328
Blood platelets	1

WORK PERFORMED AT THE VICTORIA HOSPITAL BRANCH LABORATORY

Total number examined	14.568

I. MEDICAL BIOLOGY

5,022 simple routine examination were made:—

(a) *Blood (Microscopical)*

Total number examined	61
Films for malaria parasites	39
Films for microfilariae:—	
Wuchereria Bancrofti	1
No microfilariae	21

(b) *Faeces (Microscopical)*

Total number examined	3,024
Helminths:—	
Heterodera Marioni	2
Bertiella Studeri	1
Trichuris Ova	2,541
Ascaris Ova	1,467
" Hookworm " Ova	1,303
Protozoa:—	
Entamoeba coli cysts	39
Entamoeba histolytica cysts ...	4
Vegetative and Precystic amoeba ...	15
Giardia Lamblia cysts	46
Endolimax Nana cysts	9
Trichomonas intestinalis ...	7
Blastocystis hominis	8,833
No helminths, no protozoa ...	157

(c) *Urine (Microscopical)*

Total number examined	1,937
Hyaline casts	576
Granular casts	237
Leucocytic casts	93
Red Blood Cells casts	1
Waxy casts	1
Schistosma Haematobium	77
Trichomonas vaginalis	127

II. BACTERIOLOGY

(a) *Sputum* (*Microscopical*)

Total number examined	1,212
Mycobacter tuberculosis	227

(b) *Throat and Nasal Swabbings* (*Microscopical*)

Total number examined	42
Corynebact diphteria	1

(c) *Pus, Discharges, Scrappings etc.* (*Microscopical*)

Total number examined	80
Neisseria Gonorrhoea	6

III. HAEMATOLOGY

Total number examined	5,129
Red Blood cells, White blood cells and Haemoglobin demonstration	2,766
Differential count	459
Blood Grouping	1,106
Blood Sedimentation Rate	766
Bleeding and Coagulation Time	34
Blood Platelets	8

IV. BIOCHEMICAL

(a) *Urine*

Total number examined	3,079
Qualitative estimation Albumen	1,446
Qualitative estimation Sugar	1,369
Bile pigment	66
Acetone	186
Specific Gravity	1
Quantitative estimation of Albumen	3
Quantitative estimation of Sugar	8

WORK PERFORMED AT THE CIVIL HOSPITAL BRANCH LABORATORY

Total number examined	17,139

I. MEDICAL BIOLOGY

6,449 simple routine examinations were made.

(a) *Blood (Microscopical)*

Total number examined	108
Examination for Malaria Parasite Neg. ...	51
Examination for Microfilariae ...	57

(b) *Faeces (Microscopical)*

Total number examined	3,178

Helminths:—

Strongyloides larvae	60
Ascaris	943
Hookworm	569
Trichuris	744
Enterobius vermicularis	3
Heterodera	3
Clonorchis	1
Hymenolepis nana	1

Protozoa:—

Entamoeba histolytica	90
Precystic and Vegetative amoeba ...	45
Entamoeba Coli	139
Endolimax Nana	36
Giandia Lambli	100
Chilomastix	10
Trichomonas	50
Blastocystic	353
No ova, no protozoa	909

(c) *Urine (Microscopical)*

Total number examined	3,163
Granular casts	346
Hyaline casts	124
Leucocytic Casts	10
Red Blood Cell casts	6
Waxy casts	6
Cellular casts	6
Bilharzia Ova	317
Trichomonas Vaginalis	142

II. BACTERIOLOGY

2,653 microscopical examinations were made.

(a) *Sputum (Microscopical)*

Total number examined	2,042
Positive	380

(b) *Urine, Pus etc.*

Total examined	15
Positive	1

(c) *Throat, Nasal and Eye Swabs*

Total number examined	117
Throat swabs	99
Nasal swabs	15
Eye swabs	3

(d) *Pus, Discharges and Swabbings*

Total number examined	472
Neisseria Gonorrhoea	56

(e) *Miscellaneous*

Total number examined	7
C.S.F. Cells	3
Blood Films for L.E. Cells	1
Mycobacterium	3

III. HAEMATOLOGY

Total number examined	3,979
Total counts of Red and White Cells and Haemoglobin determinations ...	1,928
Differential Count	667
Blood Sedimentation Rate	532
Blood Grouping	823
Platelets	9
Bleeding Time	7
Coagulation Time	8
Reticulocytes	1
Sickle Cells	1
Mean Corpuscular Vol.	3

IV. BIOCHEMICAL

4,059 examinations were made.

(a) *Faeces*

Total number examined	1
Occult Blood	1

(b) *Fractional Test Meal*

Total number examined	84

(c) *Urine*

Total number examined	3,974
Albumin—quantitative examination ...	15
Albumin—qualitative examination ...	1,910
Glucose—quantitative examination ...	1,856
Glucose—qualitative examination ...	1,851
Acetone	61
Bile	73
Specific Gravity	59

TABLE I

SUMMARY OF WORK PERFORMED IN HOSPITALS (Calendar Year 1955)

Hospital	*Patients remaining on 1.1.55*	*Total admissions*	*Deaths*	*Patients remaining on 31.12.55*	*Number of beds*	*Number of patients on any date during period under review*		*Medical cases*	*Surgical cases*	*Number of operations performed on*	
						Maximum	*Minimum*			*In-patients*	*Out-patients*
Civil	244	8,829	447	254	410	396	253	5,092	3,737	3,217	8,250
Long Mountain	19	1,424	44	21	65	65	15	1,299	125	13	349
Poudre d'Or	10	1,571	26	25	70	70	4	1,206	365	46	217
Flacq	32	1,925	47	23	115	99	23	1,600	325	66	1,942
Mahebourg...	59	3,088	106	62	105	116	54	2,288	800	152	1,329
Souillac	45	1,879	36	43	89	101	28	1,523	356	103	1,299
Moka	25	1,776	50	38	80	85	27	1,139	637	455	1,191
Victoria	193	7,414	352	197	263	297	193	5,021	2,393	2,393	11,001
Mental	20	451	34	21	78*	56	14	426	25	67	—
Industrial School	5	144	—	6	16	11	2	69	75	4	32
Beau-Bassin Prisons ...	11	267	1	12	30	18	6	162	105	15	425
Floréal	174	611	14	123	203†	201	123	275	336	1,113	501
Leper	41	4	1	40	62	44	40	4	—	11	1
TOTAL ...	878	29,383	1,158	865	1,586	1,559	782	20,104	9,279	7,655	26,537

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* Infirmary only. The Mental Hospital has a total bed strength of 707.

† Hospital for poliomyelitis and orthopaedic cases.

TABLE II

STATISTICS OF MORBIDITY AND MORTALITY CALENDAR YEAR 1955

	Intermediate List Cause Groups	*Detailed List Numbers*	*Static dispensaries and out-patient depts of hospitals*			*Hospitals—(In patients)*						*Mobile Dispensaries*
			New cases			*Male patients*		*Female patients*				
			Male	*Female*	*Total cases*	*New cases*	*deaths*	*New cases*	*deaths*	*Total cases*	*Total deaths*	**Attendances**
A	1. Tuberculosis of respiratory system ...	001–008	8	4	12	205	32	172	7	377	39	—
A	2. Tuberculosis of meninges and central nervous system	010	—	—	—	5	1	6	—	11	1	—
A	3. Tuberculosis of intestines, peritoneum and mesenteric glands	011	—	—	—	6	3	2	—	8	3	—
A	4. Tuberculosis of bones and joints ...	012,013	—	—	—	4	2	2	—	6	2	—
A	5. Tuberculosis, all other forms	014–019	—	—	—	10	1	10	—	20	1	—
A	6. Congenital syphilis	020	4	7	11	3	—	1	—	4	—	—
A	7. Early syphilis	021	84	78	162	8	—	2	—	10	—	—
A	8. Tabes dorsalis	024	—	—	—	—	—	1	—	1	—	—
A	9. General paralysis of insane	025	—	—	—	—	—	—	—	—	—	—
A	10. All other syphilis	022,023 026–029	187	129	316	62	1	61	1	123	2	—
A	11. Gonoccocal infections ...	030–035	99	6	105	9	—	4	—	13	—	—
A	12. Typhoid fever	040	—	—	—	43	6	23	3	66	9	—
A	13. Paratyphoid fever and other Salmonella infections	041,042	—	—	—	1	—	—	—	1	—	—
A	14. Cholera	043	—	—	—	—	—	—	—	—	—	—
A	15. Brucellosis (undulant fever)	044	—	—	—	—	—	—	—	—	—	—
A	16.—(*a*) Bacillary dysentery	045	19	18	37	17	2	4	1	21	3	—
	(*b*) Amœbiasis	046	228	127	355	39	3	17	—	56	3	—
	(*c*) Other uuspecified forms of dysentery	047,048	1,730	1,334	3,064	60	—	27	—	87	—	958
A	17. Scarlet fever	050	—	—	—	—	—	—	—	—	—	—
A	18. Streptococcal sore throat...	051	4	4	8	—	—	1	—	1	—	—
A	19. Erysipelas	052	—	—	—	—	—	—	—	—	—	—
A	20. Septicæmia and pyæmia	053	—	—	—	4	3	4	4	8	7	—
A	21. Diphtheria	055	—	—	—	13	6	19	5	32	11	—
A	22. Whooping cough	056	2	3	5	—	—	1	—	1	—	3
A	23. Meningococcal infections	057	—	—	—	—	—	—	—	—	—	—
A	24. Plague	058	—	—	—	—	—	—	—	—	—	—
A	25. Leprosy	060	—	—	—	—	—	—	—	—	—	—
A	26. Tetanus	061	—	—	—	53	24	31	11	84	35	—

A	27. Anthrax	062	—	—	—	—	—	—	—	—	—	—
A	28. Acute poliomyelitis	080	—	—	—	6	1	3	—	9	1	—
A	29. Acute infectious encephalitis	082	—	—	—	—	—	—	—	—	—	—
A	30. Late effects of acute poliomyelitis and acute infectious encephalitis	081,083	—	—	—	—	—	—	—	—	—	—
A	31. Smallpox	084	—	—	—	—	—	—	—	—	—	—
A	32. Measles	085	—	1	1	1	—	—	—	1	—	—
A	33. Yellow fever	091	—	—	—	—	—	—	—	—	—	—
A	34. Infectious hepatitis	092	15	2	17	25	1	17	2	42	3	—
A	35. Rabies	094	—	—	—	—	—	—	—	—	—	—
A	36.—(a) Louse-borne epidemic typhus ...	100	—	—	—	—	—	—	—	—	—	—
	(b) Flea-borne endemic typhus (murine)	101	—	—	—	—	—	—	—	—	—	—
	(c) Tickborne epidemic typhus	104	—	—	—	—	—	—	—	—	—	—
	(d) Mite-borne typhus	105	—	—	—	—	—	—	—	—	—	—
	(e) Other and unspecified typhus	102,103 106–108	—	—	—	—	—	—	—	—	—	—
A	37.—(a) Vivax malaria (benign tertian) ...	110	—	2	2	—	—	—	—	—	—	—
	(b) Malariæ malaria (quartan)	111	—	—	—	—	—	—	—	—	—	—
	(c) Falciparum malaria (malignant tertian)	112	2	3	5	—	—	1	—	1	—	—
	(d) Blackwater fever	115	—	—	—	—	—	—	—	—	—	—
	(e) Other and unspecified forms of malaria	113,114 116,117	1	1	2	—	—	—	—	—	—	—
A	38.—(a) Schistosomiasis vesical (S. hæmatobium)	123·0	250	74	324	19	—	16	—	—	—	—
	(b) (Schistosomiasis intestinal (S. Mansoni) ...	123·1	—	—	—	—	—	—	—	—	—	—
	(c) Schistosomiasis pulmonary (S. japonicum) ...	123·2	—	—	—	—	—	—	—	—	—	—
	d) Other and unspecified Schistosomiasis	123·3	—	—	—	—	—	—	—	—	—	—
A	39. Hydatid disease	125	—	—	—	—	—	—	—	—	—	—
A	40.—(a) Onchocerciasis	127	—	—	—	—	—	—	—	—	—	—
	(b) Loiasis	—	—	—	—	—	—	—	—	—	—	—
	(c) Filariasis (bancrofti)	—	32	21	53	13	—	8	—	21	—	—
	(d) Other filariasis	—	—	—	—	—	—	—	—	—	—	—
A	41. Ankylostomiasis	129	3,256	3,704	6,960	87	—	119	—	206	—	1,142
A	42.—(a) Tapeworm (infestation) and other cestode infestations	126	—	—	—	—	—	—	—	—	—	—
	(b) Ascariasis	130·0	6,461	8,043	14,504	38	—	30	—	68	—	5,092
	(c) Guinea worm (dracunculosis) ...	130·3	—	—	—	3	—	—	—	3	—	—
	(d) Other diseases due to helminths	124, 128 130·1, 130·2	2,171	2,354	4,525	33	—	43	—	76	—	7,359

TABLE II—*continued*

Intermediate List Cause Group	Detailed List Numbers	Static dispensaries and out-patient depts of hospitals: New cases: Male	Static dispensaries and out-patient depts of hospitals: New cases: Female	Static dispensaries and out-patient depts of hospitals: Total cases	Hospitals—(In patient): Male patients: New cases	Hospitals—(In patient): Male patients: deaths	Hospitals—(In patient): Female patients: New cases	Hospitals—(In patient): Female patients: deaths	Hospitals—(In patient): Total cases	Hospitals—(In patient): Total deaths	Mobile Dispensaries **Attendances**
A 43.—(*a*) Lymphogranuloma venereum ...	037	1	—	1	—	—	—	—	—	—	—
(*b*) Granuloma inguinale, venereal ...	038	—	—	—	—	—	—	—	—	—	—
(*c*) Other and unspecified venereal diseases	039	—	—	—	1	—	—	—	1	—	—
(*d*) Food poisoning infection and intoxication	049	—	1	1	—	—	—	—	—	—	—
(*e*) Relapsing fever	071	—	—	—	—	—	—	—	—	—	—
(*f*) Leptospirosis icterohaemorrhagica (Weil's disease)	072	—	—	—	—	—	—	—	—	—	—
(*g*) Yaws	073	—	—	—	—	—	—	—	—	—	—
(*h*) Chickenpox	087	1	2	3	3	—	—	—	3	—	—
(*i*) Dengue	090	—	—	—	—	—	—	—	—	—	—
(*j*) Trachoma	095	—	—	—	—	—	—	—	—	—	—
(*k*) Sandfly fever	096·7	—	—	—	—	—	—	—	—	—	—
(*l*) Leishmaniasis	120	—	—	—	—	—	—	—	—	—	—
(*m*) (i) Trypanosomiasis gambiensis ...	121	—	—	—	—	—	—	—	—	—	—
(ii) Trypanosomiasis rhodesiensis ...	—	—	—	—	—	—	—	—	—	—	—
(iii) Other and unspecified Trypanosomiasis	—	—	—	—	—	—	—	—	—	—	—
(*n*) Dermatophytosis	131	20	13	33	13	—	—	—	13	—	263
(*o*) Scabies	135	2,871	2,651	5,522	20	—	10	—	30	—	5,277
(*p*) All other diseases classified as infective and parasitic	036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096·1 –096·6, 096·8, 096·9, 122, 132–134 136–138	71	14	85	26	3	7	—	33	3	—
A 44. Malignant neoplasm of buccal cavity and pharynx	140–148	—	—	—	4	1	2	—	6	1	—
A 45. Malignant neoplasm of oesophagus ...	150	—	—	—	3	1	1	—	4	1	—
A 46. Malignant neoplasm of stomach	151	1	—	1	23	7	6	9	29	9	—

A	47. Malignant neoplasm of intestine, except-rectum	152, 153	—	—	—	4	—	3	1	7	1	—
A	48. Malignant neoplasm of rectum	154	—	—	—	7	1	7	—	14	1	—
A	49. Malignant neoplasm of larynx	161	—	—	—	1	—	—	—	1	—	—
A	50. Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	162, 163	—	—	—	7	2	1	—	8	2	—
A	51. Malignant neoplasm of breast	170	—	—	—	—	—	18	3	18	3	—
A	52. Malignant neoplasm of cervix uteri ...	171	—	—	—	—	—	72	2	72	2	—
A	53. Malignant neoplasm of other and unspecified parts of uterus	172–174	—	—	—	—	—	5	—	5	—	—
A	54. Malignant neoplasm of prostate	177	—	—	—	—	—	—	—	—	—	—
A	55. Malignant neoplasm of skin	190, 191	—	—	—	8	—	5	—	13	—	—
A	56. Malignant neoplasm of bone and connective tissue	196, 197	—	—	—	3	2	1	1	4	3	—
A	57. Malignant neoplasm of all other and unspecified sites	155–159, 160, 164, 165, 175, 176, 178–181, 192–195, 198, 199	—	—	—	27	2	23	1	50	3	—
A	58. Leukæmia and aleukæmia	204	—	—	—	6	—	—	—	6	—	—
A	59. Lymphosarcoma and other neoplasms of lymphatic and hæmatopoietic system	200–203, 205	—	—	—	1	—	1	—	2	—	—
A	60. Benign neoplasms and neoplasms of unspecified nature	210–239	58	59	117	39	1	155	—	194	1	—
A	61. Nontoxic goiter	250, 251	4	12	16	4	—	4	—	8	—	—
A	62. Thyrotoxicosis with or without goiter ...	252	—	1	1	1	—	5	—	6	—	—
A	63. Diabetes mellitus	260	117	194	311	84	7	119	7	203	14	—
A	64.—(*a*) Beriberi	280	1	—	1	—	—	—	—	—	—	—
	(*b*) Pellagra	281	56	197	253	15	—	54	—	69	—	57
	(*c*) Scurvy	282	—	—	—	1	—	—	—	1	—	—
	(*d*) (i) Kwashiorkor	283	—	—	—	3	—	5	1	6	1	—
	(ii) Other deficiency states	286	1,198	2,392	3,590	152	20	161	15	315	35	2,547
A	65.—(*a*) Pernicious and other hyperchromic anaemias	290	—	—	—	4	—	4	1	8	1	—
	(*b*) Iron deficiency anaemias (hypochromic)	291	—	—	—	5	—	6	—	11	—	—
	(*c*) Other specified and unspecified anaemias	292, 293	7,891	21,592	29,753	593	11	1,402	21	1,995	32	11,870

TABLE II—*continued*

	Intermediate List Cause Group	*Detailed List Numbers*	*Static dispensaries and out-patient depts of hospitals*			*Hospitals—(In patients)*						*Mobile Dispensaries*
			New cases			*Male patients*		*Female patients*				
			Male	*Female*	*Total cases*	*New cases*	*deaths*	*New cases*	*deaths*	*Total cases*	*Total deaths*	**Attendances**
A	66.—(*a*) Asthma	241	2,153	1,874	4,027	229	9	207	4	436	13	1,619
	(*b*) All other allergic disorders, endocrine, metabolic and blood diseases	240, 242–245 253, 254 270–277 287–289 294–299	292	459	751	23	2	17	3	40	5	49
A	67. Psychoses	300–309	9	3	12	195	—	124	—	319	—	—
A	68. Psychoneuroses and disorders of personality	310–324, 326	65	24	89	137	2	96	—	253	2	—
A	69 Mental deficiency...	325	11	3	14	10	—	14	—	24	—	—
A	70. Vascular lesions affecting central nervous system	330–334	41	15	56	104	42	54	21	158	63	—
A	71. Nonmeningococcal meningitis	340	—	—	—	17	8	15	5	32	13	—
A	72. Multiple sclerosis	345	—	—	—	6	1	1	—	7	1	—
A	73. Epilepsy	353	199	123	322	64	3	37	—	101	3	6
A	74, Inflammatory diseases of eye	370–379	2,055	1,754	3,807	44	—	36	—	80	—	1,810
A	75. Cataract	385	12	18	30	166	—	195	—	361	—	9
A	76. Glaucoma	387	—	—	—	7	—	7	—	14	—	—
A	77.—(*a*) Otitis externa	390	1,047	873	1,920	3	—	2	—	5	—	1,475
	(*b*) Otitis media and mastoiditis ...	391–393	945	901	1,846	19	—	17	—	56	—	93
	(*c*) Other inflammatory diseases of ear	394	812	848	1,660	—	—	—	—	—	—	1,136
A	78.—(*a*) All other diseases and conditions of eye	380–384 386, 388 389	1,002	991	1,993	47	—	32	—	79	—	162
	(*b*) All other diseases of the nervous system and sense organs	341–344 350–352 354–357 360–369 395–398	1,590	1,472	3,062	250	8	101	3	351	11	2,387
A	79. Rheumatic fever	400–402	9	11	20	40	1	23	—	62	1	—
A	80. Chronic rheumatic heart disease ...	410–416	7	5	12	14	2	30	4	44	6	—

A 81. Arteriosclerotic and degenerative heart disease	420–422	99	102	201	133	31	112	24	246	55	3
A 82. Other diseases of heart	430–434	401	354	755	201	43	91	19	292	62	376
A 83. Hypertension with heart disease ...	440–443	97	91	188	6	1	6	—	12	1	22
A 84. Hypertension without mention of heart	444–447	616	848	1,464	88	—	71	—	139	—	349
A 85. Diseases of arteries	450–456	80	41	121	81	10	26	3	107	13	48
A 86. Other diseases of circulatory system ...	460–468	680	342	1,022	211	—	73	3	284	3	291
A 87. Acute upper respiratory infections ...	470–475	2,774	3,269	6,043	57	—	68	—	125	—	4,576
A 88. Influenza	480–483	13,555	14,322	27,877	351	—	289	—	649	—	6,238
A 89. Lobar pneumonia	490	3	1	4	27	1	12	2	39	3	—
A 90. Bronchopneumonia	491	7	14	21	67	20	53	17	120	37	5
A 91. Primary atypical, other and unspecified-pneumonia	492, 493	4	4	8	44	4	19	2	63	6	2
A 92. Acute bronchitis	500	575	458	1,033	32	1	22	2	54	3	211
A 93. Bronchitis, chronic and unqualified ...	501, 502	1,812	1,198	3,010	237	12	128	6	365	18	1,309
A 94. Hypertrophy of tonsils and adenoids ...	510	95	171	266	11	—	20	—	31	—	117
A 95. Empyema and abscess of lung ...	518, 521	1	1	2	7	—	4	—	11	—	—
A 96. Pleurisy	519	9	4	13	43	1	14	—	57	1	—
A 97.—(*a*) Pneumoconiosis	523	—	—	—	1	—	1	—	2	—	—
(*b*) All other respiratory diseases	511–517 520–522 524–527	638	802	1,440	73	9	38	6	111	15	901
A 98.—(*a*) Dental caries	530	5,152	5,374	10,526	8	—	47	—	55	—	1,014
(*b*) All other diseases of teeth and supporting structures	531–535	689	604	1,293	34	—	13	—	47	—	1,014
A 99. Ulcer of stomach	540	12	1	13	16	—	4	—	20	—	2
A 100. Ulcer of duodenum	541	124	21	145	234	10	19	1	253	11	—
A 101. Gastritis and duodenitis	543	1,195	1,391	2,586	94	—	73	—	167	—	2,817
A 102. Appendicitis	550–553	54	83	137	213	2	436	—	649	2	11
A 103. Intestinal obstruction and hernia ...	560, 561, 570	78	18	96	217	10	52	10	269	20	23
A 104.—(*a*) Gastro-enteritis and colitis between 4 weeks and 2 years	591·0	2,070	1,972	4,042	97	22	74	18	171	40	489
(*b*) Gastro-enteritis and colitis, ages 2 years and over	571·1	2,109	1,560	3,969	134	17	100	11	234	28	854
(*c*) Chronic enteritis and ulcerative colitis	572	84	93	181	18	2	5	2	25	4	—
A 105. Cirrhosis of liver	581	11	3	14	17	3	10	2	27	5	—
A 106. Choletithiasis and cholecystitis	584, 585	38	48	86	67	1	76	1	145	2	34
A 107. Other diseases of digestive system	536–539 542, 544, 545 573–580, 582 583, 586, 587	10,509	12,328	22,837	496	19	223	12	719	31	6,259

Table II—*continued*

	Intermediate List Cause Group	*Detailed List Numbers*	*Static dispensaries and out-patient depts of hospitals*			*Hospitals—(In patients)*						*Mobile Dispensaries*
			New cases			*Male patients*		*Female patients*				
			Male	*Female*	*Total cases*	*New cases*	*deaths*	*New cases*	*deaths*	*Total cases*	*Total deaths*	**Attendances**
A	108. Acute nephritis	590	14	17	31	26	2	21	1	47	3	18
A	109. Chronic, other and unspecified nephritis	591—594	139	131	270	61	7	70	8	131	15	308
A	110. Infections of kidney	600	19	22	41	21	—	34	—	55	—	9
A	111. Calculi of urinary system	602—604	2	2	4	26	—	3	—	25	—	—
A	112. Hyperplasia of prostate	610	—	—	—	16	1	—	—	16	1	—
A	113. Diseases of breast	620, 621	—	140	140	—	—	39	—	39	—	—
A	114.—(*a*) Hydrocele	613	82	—	82	111	—	—	—	111	—	1
	(*b*) Disorders of menstruation ...	634	—	1,997	1,997	—	—	168	—	168	—	384
	(*c*) All other diseases of the genito-urinary system	601, 603 605—609 611—612 614—617 622—633 635—637	1,310	2,843	4,153	234	1	372	4	606	5	467
A	115. Sepsis of pregnancy, childbirth and the puerperium	640, 641, 681 682, 684	—	1	1	—	—	36	1	36	1	—
A	116. Toxaemias of pregnancy and the puerperium	642, 652 685, 686	—	66	66	—	—	301	8	301	8	—
A	117. Haemorrhage of pregnancy and childbirth	643, 644 670—672	—	—	—	—	—	75	11	75	11	—
A	118. Abortion without mention of sepsis or toxaemia	650	—	125	125	—	—	515	—	515	—	5
A	119. Abortion with sepsis	651	—	—	—	—	—	27	—	27	—	—
A	120.—(*a*) Other complications of pregnancy, childbirth and the puerperium	645—649 673—680 683, 687—689	—	6,223	6,223	—	—	912	16	912	16	181
	(*b*) Delivery without complications ...	660	—	—	—	—	—	2,492	—	2,492	—	—
A	121. Infections of skin and subcutaneous tissue	690—698	7,846	5,796	13,642	497	—	272	1	769	1	2,665
A	122. Arthritis and spondylitis	720—725	524	578	1,102	74	—	49	—	123	—	43
A	123. Muscular rheumatism, and rheumatism, unspecified	726, 727	4,919	6,975	11,894	167	—	126	—	293	—	3,881

A	124. Osteomyelits and periostitis	730	4	—	4	37	—	14	1	51	1	4
A	125. Ankylosis and acquired musculoskeletal deformities	737 745—749	8	6	14	5	—	3	—	8	—	—
A	126.—(*a*) Chronic ulcer of skin (including tropical ulcer)	715	111	24	135	31	—	9	—	40	—	61
	(*b*) All other diseases of skin... ...	700—714 716	2,459	2,339	4,798	99	—	54	—	153	—	1,863
	(*c*) All other diseases of musculosketal system	731—736 738—744	240	105	345	25	—	13	—	38	—	—
A	127. Spina bifida and meningocele	751	—	—	—	3	1	2	—	5	1	—
A	128. Congenital malformations of circulatory system	754	—	—	—	5	—	2	—	7	—	—
A	129. All other congenital malformations	750, 752, 753 755—759	13	3	16	38	1	20	—	58	1	—
A	130. Birth injuries	760, 761	—	—	—	6	5	4	4	10	9	—
A	131. Postnatal asphyxia and atelectasis ...	762	—	—	—	26	26	29	27	55	55	—
A	132.—(*a*) Diarrhoea of new born (under 4 weeks)	764	2	3	5	2	1	1	—	3	1	351
	(*b*) Ophthalmia neonatorum	765	3	3	6	4	—	1	—	5	—	—
	(*c*) Other infections of newborn	763 766—768	24	25	49	6	4	5	1	11	5	5
A	133.—Haemolytic disease of newborn ...	770	—	—	—	3	2	1	—	4	2	—
A	134.—All other defined diseases of early infancy	769, 771, 772	3	2	5	4	4	2	—	6	4	86
A	135.—Ill-defined diseases peculiar to early infancy, and immaturity unqualified	773—776	4	1	5	82	68	56	52	138	120	—
A	136. Senility without mention of psychosis ...	794	155	257	412	47	4	59	7	106	11	10
A	137.—(*a*) Pyrexia of unknown origin	788.8	1,071	1,328	2,399	40	1	33	1	73	2	5,205
	(*b*) Observation, without need for further medical care	793	—	—	—	138	—	540	—	670	—	—
	(*c*) All other ill-defined causes of morbidity	780-787 788·1-788·7 788·9 789-792 795	8,836	13,694	22,530	684	29	430	20	1,114	49	6,355
	SUB-TOTAL		108,359	141,305	249,664	9,013	598	12,676	433	21,689	1,031	91,409

TABLE II—*continued*

Intermediate List Cause Groups	*Detailed List Numbers*	*Static dispensaries and out-patient depts of hospitals*			*Hospitals—(In patients)*						*Mobile Dispensaries*
		New cases			*Male patients*		*Female patients*				
		Male	*Female*	*Total cases*	*New cases*	*deaths*	*New cases*	*deaths*	*Total cases*	*Total deaths*	**Attendances**
"E CODE" ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)											
AE 138. Motor vehicle accidents...	E 810–E 835	366	200	566	409	30	96	3	505	35	—
AE 139. Other transport accidents ...	E 800–E 802 E 840–E 866	706	192	893	204	4	28	1	232	5	—
AE 140. Accidental poisoning	E 870–E 895	48	26	74	41	3	18	—	59	3	—
AE 141. Accidental falls	E 900–E 904	5,538	2,025	7,563	645	3	197	—	842	3	384
AE 142. Accident caused by machinery	E 912	38	2	40	30	1	2	—	32	1	—
AE 143. Accident caused by fire and explosion of combustible material	E 916	26	19	45	29	10	87	14	61	25	—
AE 144. Accident caused by hot substance, corrosive liquid, steam, and radiation	E 917, E 918	413	233	646	100	10	108	14	187	24	71
AE 145. Accident caused by firearm	E 919	1	1	2	15	2	—	—	15	2	—
AE 146. Accidental drowning and submersion ...	E 929	—	—	—	11	1	2	—	13	1	—
AE 147.—(*a*) Foreign body entering eye and adnexa	E 920	525	119	644	13	—	1	—	14	—	10
(*b*) Foreign body entering other orifice	E 923	192	171	363	9	1	3	—	12	1	12
(*c*) Accidents caused by bites and stings of venenous animals and insects ...	E 927	59	28	87	3	—	1	—	4	—	10
(*d*) Other accidents caused by animals	E 928	452	278	730	16	1	6	—	22	1	—
(*e*) All other accidental causes	E 910–E 911 E 913–E 915 E 921–E 922 E 924–E 926 E 930–E 965	25,541	9,568	35,109	714	11	110	1	824	12	253
AE 148. Suicide and self-inflicted injury ...	E 970–E 979	—	—	—	67	8	43	3	110	11	—
AE 149. Homicide and injury purposely inflicted by other persons (not in war) ...	E 980–E 985	1,381	605	1,986	439	3	128	2	567	5	—
AE 150. Injury resulting from operations of war	E 990–E 999	—	—	—	—	—	—	—	—	—	—
TOTAL		143,645	154,772	298,417	11,758	686	13,430	472	25,188	1,158	92,149

"N CODE". ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VOILENCE (NATURE OF INJURY)											
SUB-TOTAL TO A 137 *brought forward* ...		108,359	141,305	249,664	9,015	598	12,676	433	21,689	1,031	91,409
AN 138. Fracture of skull	N 800–N 804	10	4	14	112	25	16	2	128	27	—
AN 139. Fracture of spine and trunk	N 805–N 809	73	15	88	85	6	15	1	98	7	—
AN 140. Fracture of limbs	N 810–N 829	978	530	1,508	368	7	120	1	488	8	5
AN 141. Dislocation without fracture	N 830–N 839	104	24	128	30	—	8	—	38	—	—
AN 142. Sprains and strains of joint and adjacent muscles	N 840–N 848	582	159	741	34	—	4	—	38	—	82
AN 143. Head injury (excluding fracture) ...	N 850–N 856	1,981	624	2,605	309	2	66	—	375	2	7
AN 144. Internal injury of chest, abdomen, and pelvis	N 860–N 869	—	—	—	19	7	—	—	19	7	—
AN 145. Laceration and open wonnds	N 870–N 908	14,653	4,918	19,571	780	7	133	2	913	9	13
AN 146. Superficial injury, contusion and crushing with intact skin surface ...	N 910–N 929	15,785	6,554	22,359	712	—	183	—	895	—	482
AN 147. Effects of foreign body entering through orifice	N 930–N 936	508	265	773	17	1	6	—	23	1	22
AN 148. Burns	N 940–N 949	439	252	691	129	20	120	29	249	49	75
AN 149. Effects of poisons	N 960–N 979	48	26	74	102	10	57	3	159	13	—
AN 150. All other and unspecified effects of external causes	N 950–N 959 N 980–N 999	125	96	221	50	3	26	1	76	4	36
TOTAL		143,645	154,772	298,417	11,758	686	13,430	472	25,118	1,158	92,149

TABLE III

MAIN CAUSES OF MORBIDITY

Diseases	*In-patients of hospitals (1955)*	*Out-patients at hospitals and dispensaries (1955)*
Tuberculosis (all forms)	422	12
Syphilis and its sequelae	138	489
Dysentery (all forms)	164	3,456
Schistosomiasis vesical	35	324
Filariasis	21	53
Ankylostomiasis	206	6,960
Ascariasis	68	14,504
Scabies	30	5,522
Avitaminosis and other deficiency states	389	3,844
Anaemias	2,014	29,753
Asthma	436	4,027
Infllammatory disease of eye	80	3,807
Influenza	640	27,877
Pneumonias	222	33
Bronchitis	419	4,043
Diseases of teeth and supporting structures	102	11,819
Gastro-enteritis and colitis (between 4 weeks and 2 years)	171	4,042
Gastro-enteritis and colitis (between 2 years and over)	234	3,969
Complications of pregnancy, childbirth and puerperium	1,867*	6,415
Infections of skin and subcutaneous tissue	962	18,575
Muscular rheumatism and rheumatism unspecified	293	11,894
Accidents, poisonings and violence ...	5,499	48,753

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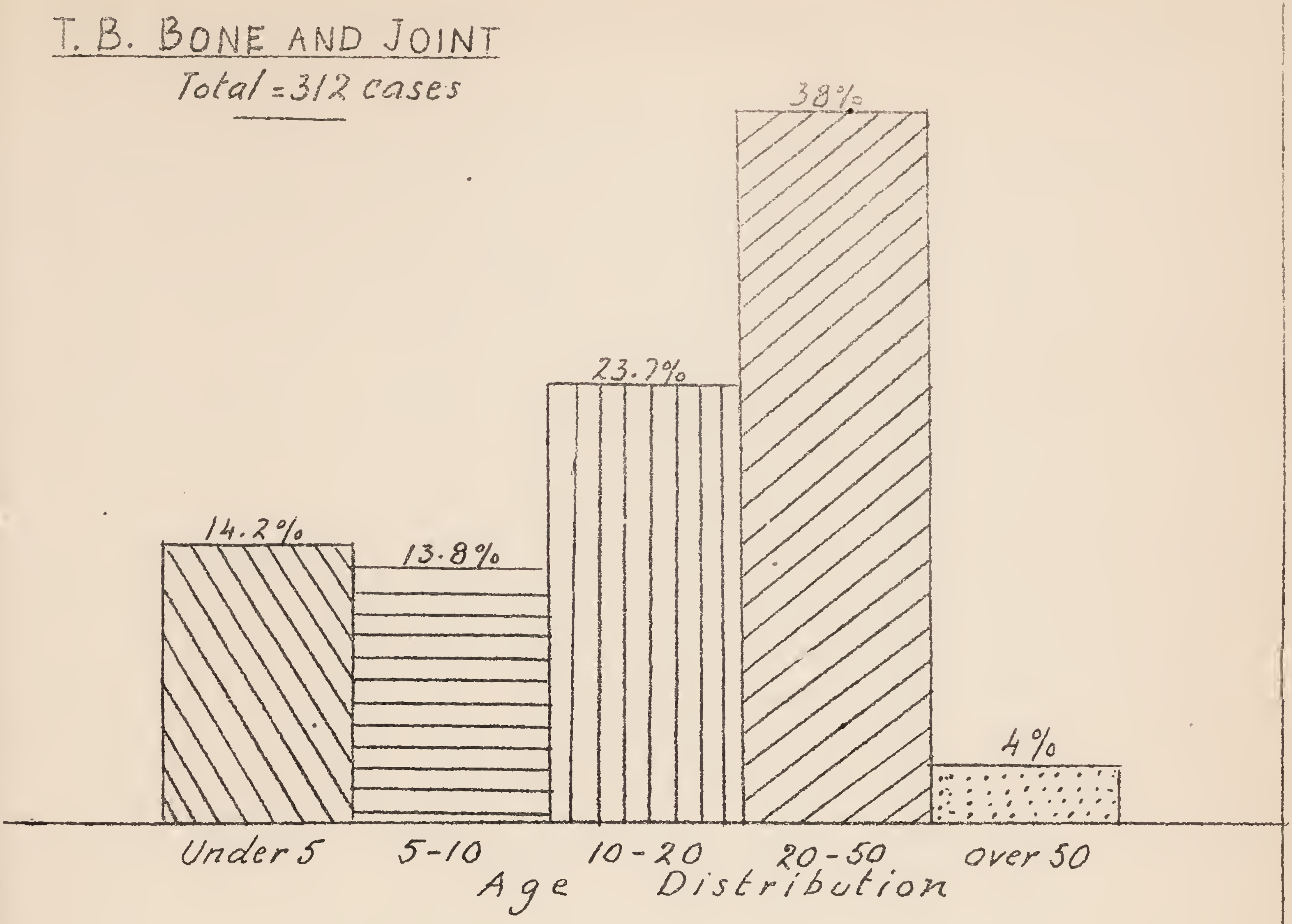
* Excluding 2,492 normal deliveries.


T. B. BONE AND JOINT
Total = 312 cases
14.2%
13.8%
23.7%
38%
4%
Under 5
5-10
10-20
20-50
over 50
Age Distribution

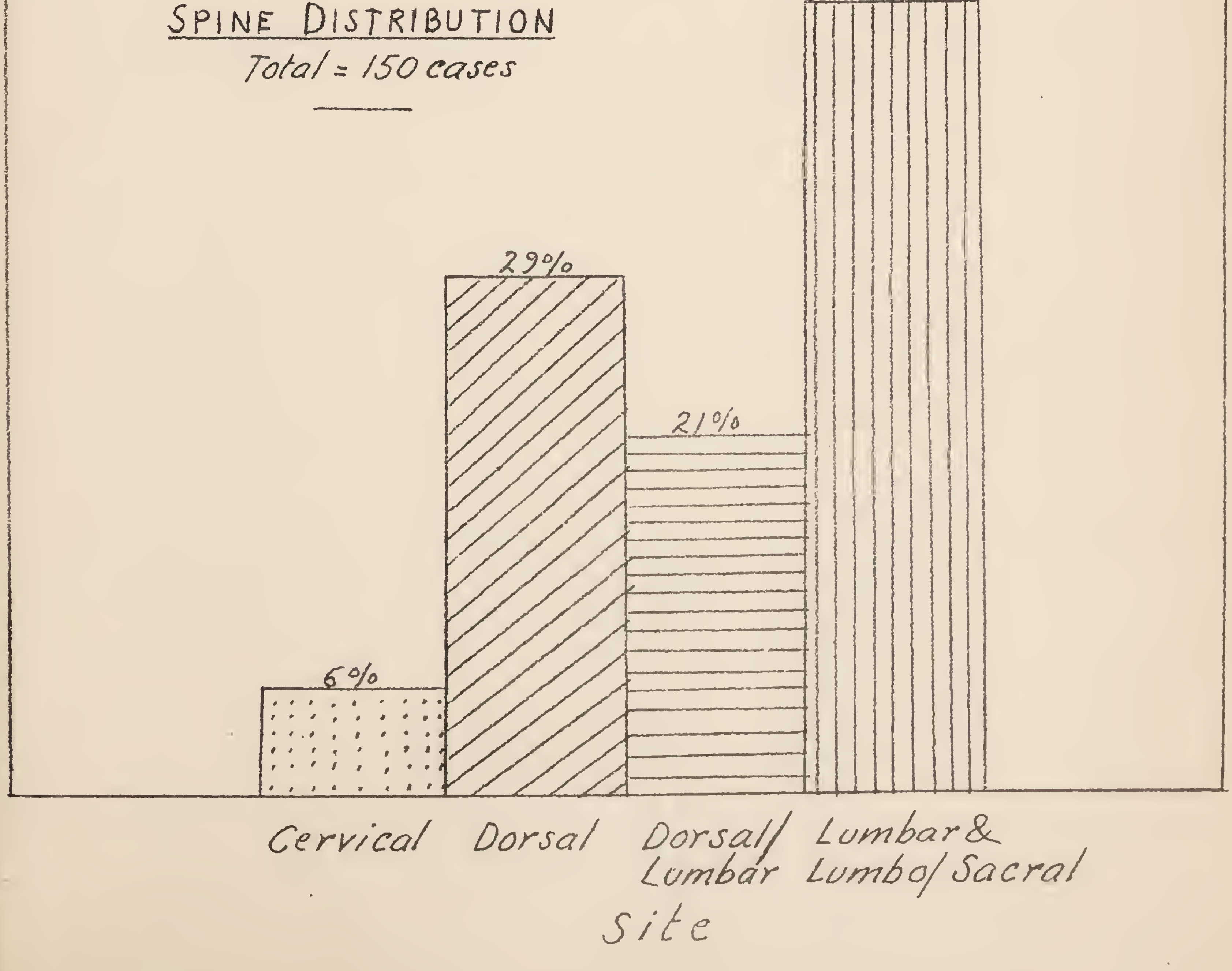

SPINE DISTRIBUTION
Total = 150 cases
6%
29%
21%
44%
Cervical
Dorsal
Dorsal/ Lumbar
Lumbar & Lumbo/ Sacral
Site

TABLE IV

MORBIDITY AND MORTALITY IN HOSPITALS BY GROUP OF DISEASES (CORRESPONDING TO THE 1948 INTERNATIONAL CLASSIFICATION)

Group	*Male*		*Female*		*Total*	
	Cases	*Deaths*	*Cases*	*Deaths*	*Cases*	*Deaths*
I	830	89	642	34	1,472	123
II	133	17	300	10	433	27
III	504	37	565	28	1,069	65
IV	610	12	1,417	24	2,027	36
V	342	2	234	—	576	2
VI	727	62	497	29	1,224	91
VII	754	88	431	53	1,185	141
VIII	950	48	668	35	1,618	83
IX	1,645	86	1,132	57	2,777	143
X	495	11	707	13	1,202	24
XI	—	—	4,358	36	4,358	36
XII	627	—	335	1	962	1
XIII	308	—	205	1	513	1
XIV	46	2	24	—	70	2
XV	133	110	99	84	232	194
XVI	909	34	1,062	28	1,971	62
XVII	2,745	88	754	39	3,499	127
TOTAL ...	11,758	686	13,430	472	25,188	1,158

GROUP I—Infective and parasitic diseases.
II—Neoplasms.
III—Allergic, endocrine system, metabolic and nutritional diseases.
IV—Diseases of the blood and blood-forming organs.
V—Mental, psychoneurotic and personality disorders.
VI—Diseases of the nervous system and sense organs.
VII—Diseases of the circulatory system.
VIII—Diseases of the respiratory system.
IX—Diseases of the digestive system.
X—Diseases of the genito-urinary system.
XI—Deliveries and complications of pregnancy, childbirth and the puerperium.
XII—Diseases of the skin and cellular tissue.
XIII—Diseases of the bones and organs of movement.
XIV—Congenital malformations.
XV—Certain diseases of early infancy.
XVI—Symptoms, senility and ill-defined conditions.
XVII—Accidents, poisonings and violence.

TABLE V

Total Births and Deaths for period 1940–55

Year	*Births*	*Deaths*
1940	12,145	10,373
1941	13,430	10,436
1942	13,553	11,927
1943	13,604	10,642
1944	18,258	11,355
1945	16,290	15,277
1946	16,427	12,528
1947	18,926	8,680
1948	19,039	10,518
1949	20,472	7,384
1950	23,110	6,453
1951	22,968	7,208
1952	24,120	7,447
1953	23,896	8,299
1954	21,926	8,462
1955	22,970	7,088

TABLE VI

DEATHS FROM PRINCIPAL CAUSES 1946–55 (INTERNATIONAL LIST 1938 REVISION)

Year	Group I		Group II		Group III		Group IV		Group V		Group VI		Group VII		Group VIII		Group IX	
	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀	No. of dths	Death rate ⁰/₀₀
1946	3862	9·1	57	0·1	112	0·3	833	2·0	2	0	407	1·0	239	0·6	1138	2·7	1969	4.6
1947	2366	5·47	76	0·17	111	0·26	577	1·33	4	0·01	339	0·78	206	0·48	893	2·06	1026	2·37
1948	4052	9·2	88	0·2	130	0·3	451	1·0	—	0	378	0·8	294	0·6	1318	3·0	1078	2·4
1949	1603	3.60	121	0·27	127	0·28	470	1·05	—	0	365	0·82	381	0·85	831	1·87	1085	2·44
1950	975	2·1	122	0·3	103	0·2	378	0·8	—	0	387	0·8	410	0·9	978	2·1	913	2·0
1951	863	1·8	103	0·2	134	0·3	483	1·0	1	0	437	0·9	399	0·8	1072	2·2	1335	2·8
1952	713	1·4	128	0·3	149	0·3	515	1·0	1	0	457	0·9	441	0·9	1150	2·3	1301	2·6
1953	980	1·9	139	0·3	176	0·3	504	1·0	6	0	515	1·0	559	1·1	1323	2·6	1269	2·5
1954	665	1.3	145	0·3	196	0·4	560	1·1	5	0	470	0·9	553	1·0	1206	2·3	1747	3·3
1955*... ...	311	0·6	144	0·3	277	0·5	457	0·8	6	0	392	0·7	573	1·0	762	1·4	1352	2·5

Group I —Infective and parasitic diseases
,, II —Cancer and other tumours
,, III —Rhumatism, diseases of nutrition and of endocrine glands, other general diseases and deficiency diseases
,, IV —Diseases of blood and blood forming organs
,, V —Chronic poisoning and intoxication
,, VI —Diseases of the nervous system and sens organs
,, VII —Diseases of the circulatory system
,, VIII —Diseases of the respiratory system
,, IX —Diseases of the Digestive system

*For 1955 the International List 1948 Revision has been adopted.

TABLE VI—*contd.*

DEATH FROM PRINCIPAL CAUSES 1946–55 (INTERNATIONAL LIST 1938 REVISION)

Year	*Group X*		*Group XI*		*Group XII*		*Group XIII*		*Group XIV*		*Group XV*		*Group XVI*		*Group XVII*		*Group XVIII*	
	No. of dths	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀	*No. of dths*	*Death rate* ⁰/₀₀
1946	525	1·2	185	0,4	67	0·2	7	0	1	0	1,193	2·8	489	1·2	186	0·4	1,256	3·0
1947	300	0·69	106	0·24	47	0·11	3	0	6	0.01	1,129	2·61	381	0·88	172	0·40	938	2·17
1948	262	0·6	84	0·2	44	0·1	5	0	9	0	1,099	2·3	285	0·6	171	0·4	859	1·9
1949	286	0·64	83	0·2	23	0·05	6	0·01	5	0	842	1·89	226	0·50	189	0·42	741	1·66
1950	261	0·6	86	0·2	34	0·1	7	0	10	0	782	1·7	202	0·4	193	0·4	612	1·3
1951	272	0·6	78	0·2	28	0·1	8	0	14	0	793	1·6	248	0·5	197	0·4	743	1·5
1952	315	0·6	82	0·2	15	0	19	0	11	0	852	1·7	328	0·6	205	0·4	765	1·5
1953	340	0·7	69	0·1	22	·0	38	0·01	9	0	803	1·6	357	0·7	209	0·4	981	1·9
1954	350	0·7	40	0·1	20	0	19	0	6	0	677	1·3	382	0·7	221	0·4	1,200	2·3
1955	161	0·3	36	0·1	9	0	22	0	10	0	661	1·2	1,668	3·0	247	0·4	—	—

Group X —Diseases of urinary and gential organs.
,, XI —Diseases of pregnancy, childbirth and the puerperal state
,, XII —Diseaees of skin and cellular tissue
,, XIII —Diseases of bones and organs of movement
,, XIV —Congenital malformation
,, XV —Diseases peculiar to the first year of life
,, XVI —Senility, old age
,, XVII —Deaths from violence
,, XVIII —Ill-defined causes of death

* For 1955 the International list 1948 Revision has been adopted

TABLE VII

SUMMARY OF WORK PERFORMED BY THE HEALTH INSPECTORATE

Districts or Sections	*Examination of foodstuffs*	*Samples of food-stuffs submitted for analysis*	*Seizures*	*Inspection of food premises*	*Visits to Slaughter houses*	*Visits to markets*	*Inspection of schools*	*Inspection of offensive trades*	*Inspection of other premises*	*Inspection on account of new buildings*	*Inspection in connection with mosquito control*	*Inspection in connection with notifiable diseases and contacts*	*Inspection in connection with night soil service*	*Inspection in connection with scavenging service*	*Disinfections carried out*	*No. of notices orders and requests served*	*Cremations attended to*
Port Louis District ...	339	106	29	5,482	—	34	146	11	16,347	754	16,347	175	—	—	24	906	53
Pamplemousses District	1,134	65	1	401	—	—	213	61	10,490	915	11,165	55	266	528	15	656	95
Riv. du Rempart District	411	54	—	374	—	—	72	—	—	299	4,544	18	48	1,003	6	552	58
Flacq—North Section ...	264	43	12	865	263	365	—	24	115	344	5,844	14	365	365	2	720	78
Flacq—South Section ...	37	28	—	215	58	—	—	8	6,260	156	3,570	4	330	365	4	664	31
Grand Port District ...	262	71	33	852	222	179	182	—	215	350	5,504	15	123	727	14	856	58
Savane District	633	30	111	78	126	—	126	1	133	361	7,835	3	195	365	3	482	38
Curepipe Section ...	721	—	21	1,141	12	113	115	—	7,599	345	1,076	7	3,252	365	6	253	30
Vacoas Section	161	—	8	296	—	1,500	35	11	8,466	455	8,466	4	180	1,500	4	496	29
Rose Hill Section ...	1,111	41	14	1,190	8	139	73	2	8,043	663	6,412	42	201	365	42	619	72
Moka District	1,110	33	37	1,075	—	278	99	7	6,894	396	4,064	20	91	278	14	1,661	36
Black River District ..	116	—	—	140	—	74	61	37	5,293	139	810	18	104	365	9	534	3
TOTAL ...	6,299	471	266	12,109	689	2,682	1,122	162	69,855	5,177	75,637	375	5,155	6,226	143	8,399	581

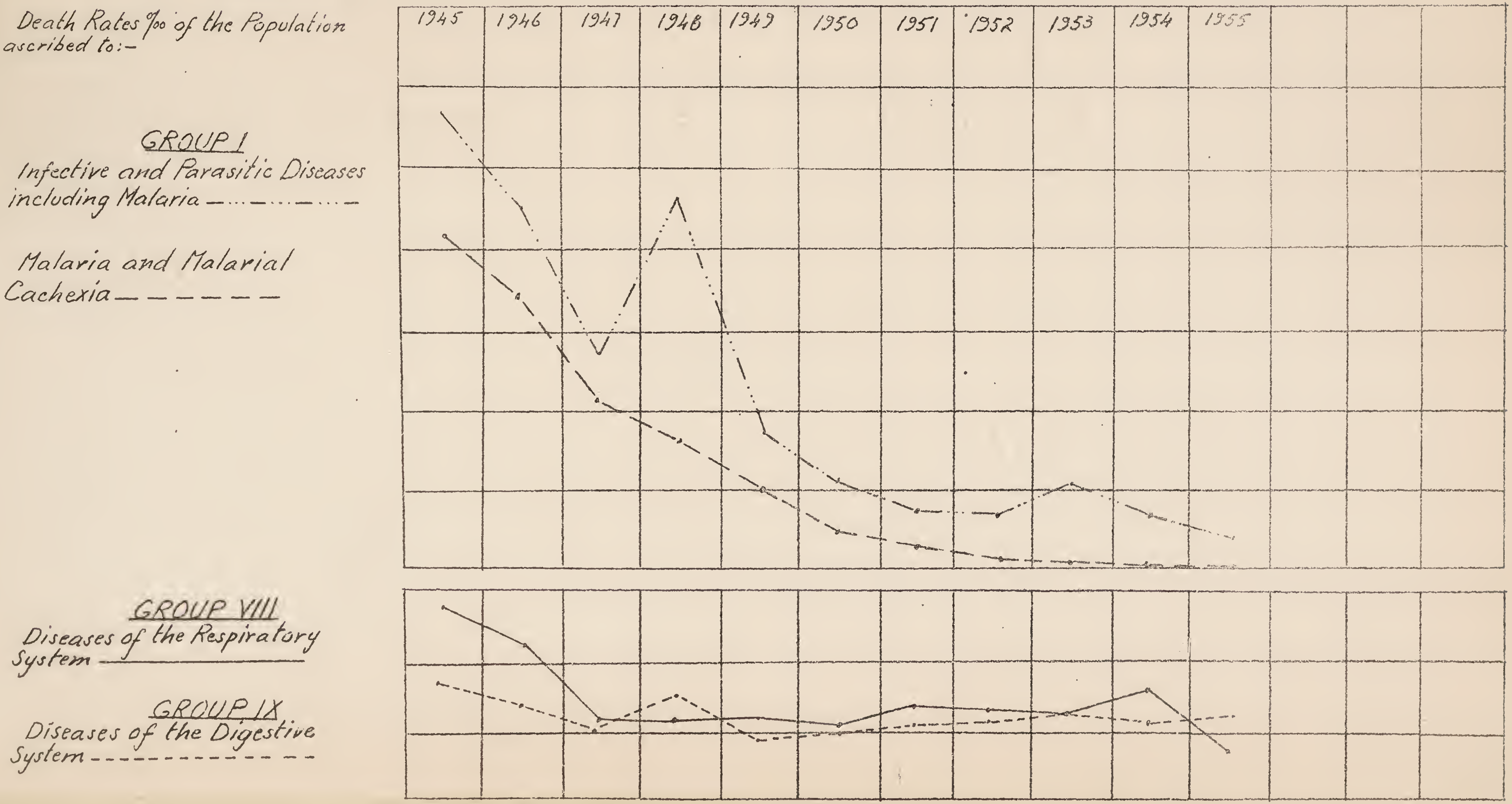
TABLE VIII

SHIPPING MOVEMENTS IN PORT LOUIS HARBOUR DURING CALENDAR YEAR 1955

Month	*No. of Incoming vessels*	*No. admitted to Pratique on arrival*	*No. from Infected ports*	*No. of Crew examined*	*No. of Passengers*		*No. of Passengers under surveillance*	*No. of vessels admitted to Pratique after disinfection of linen and effects of Passengers and Crew*	*No. of vessels admitted to Pratique after Fumigation of Cargo*	*No. of vessels detained for purpose of disinfection on account of Plague, Cholera or Smallpox*
					Landing	*Transit*				
January	31	29	2	2,020	909	403	—	10	10	
February	21	15	6	2,036	1,447	1,425	—	8	8	
March	20	19	1	1,549	203	405	—	6	12	
April	27	27	—	1,981	1,064	413	2	3	13	
May	26	23	3	1,999	1,460	506	—	8	15	
June	29	24	5	1,973	717	791	—	9	13	
July	22	18	4	1,653	685	452	—	5	10	
August	34	29	5	2,121	498	662	—	7	11	
September	23	18	5	1,674	811	483	—	5	9	
October	39	30	9	2,262	415	430	—	5	12	
November	27	25	2	2,002	664	447	—	3	10	
December	28	27	1	1,881	493	360	—	3	10	
TOTAL ...	327	284	43	23,151	9,366	6,777	2	72	133	—

FIGURE I

COLONY DEATH RATES PER 1,000 POPULATION FROM PRINCIPAL CAUSES 1945–1955



TREND OF POPULATION 1935 TO 1955

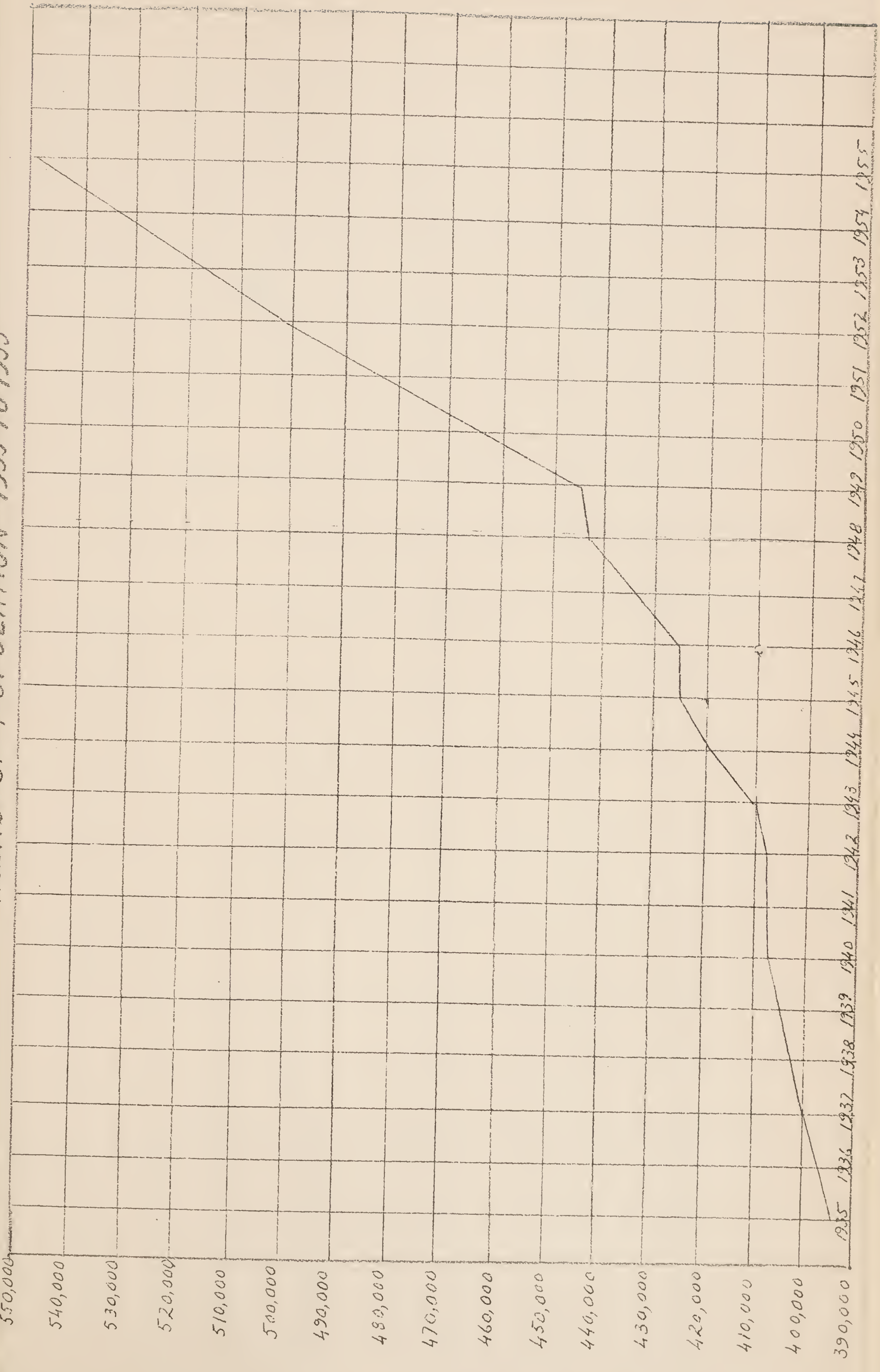


FIGURE III.

CRUDE BIRTH AND DEATH RATES 1945 TO 1955

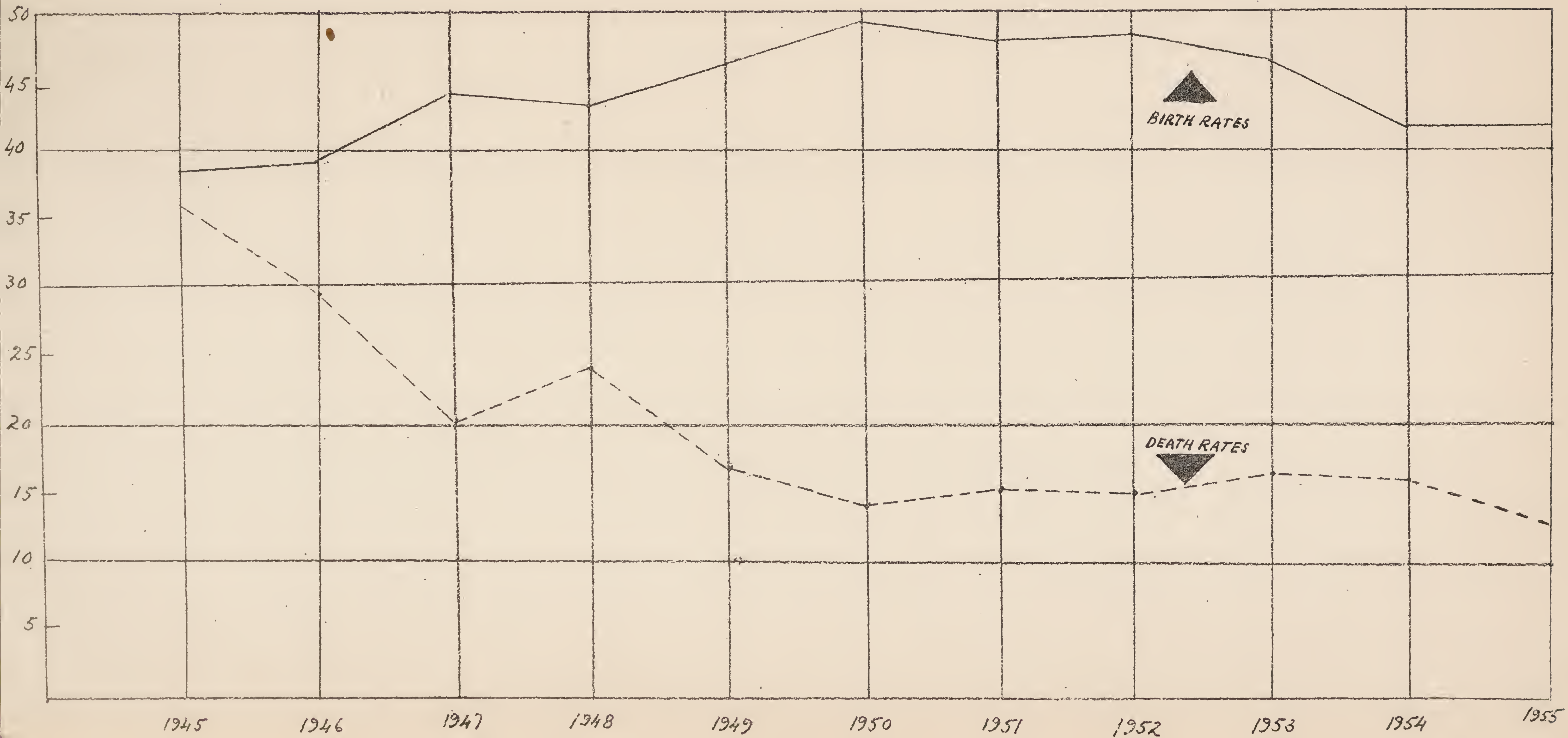


FIGURE IV

ENTERIC FEVER "NOTIFICATIONS & DEATHS"

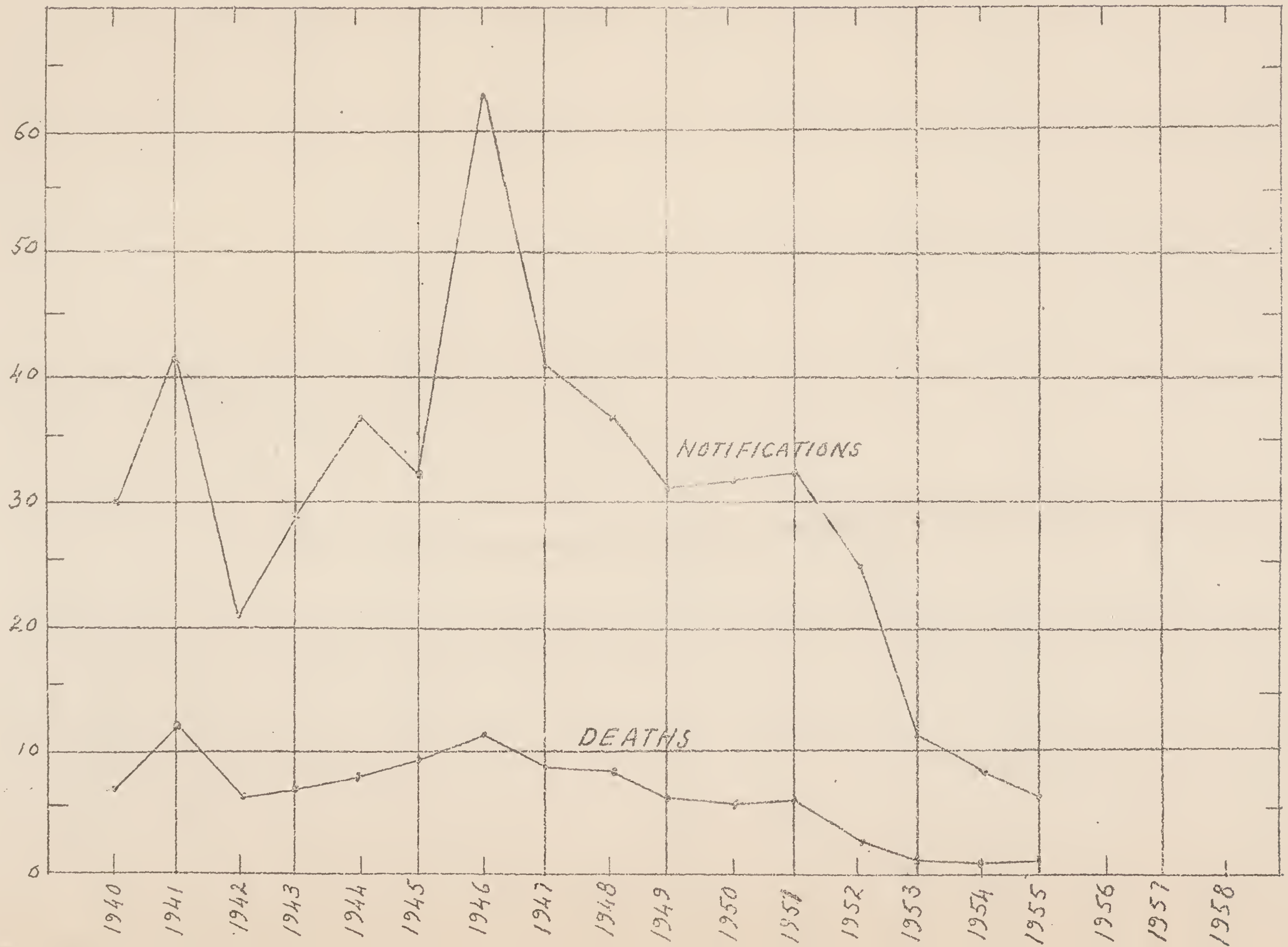
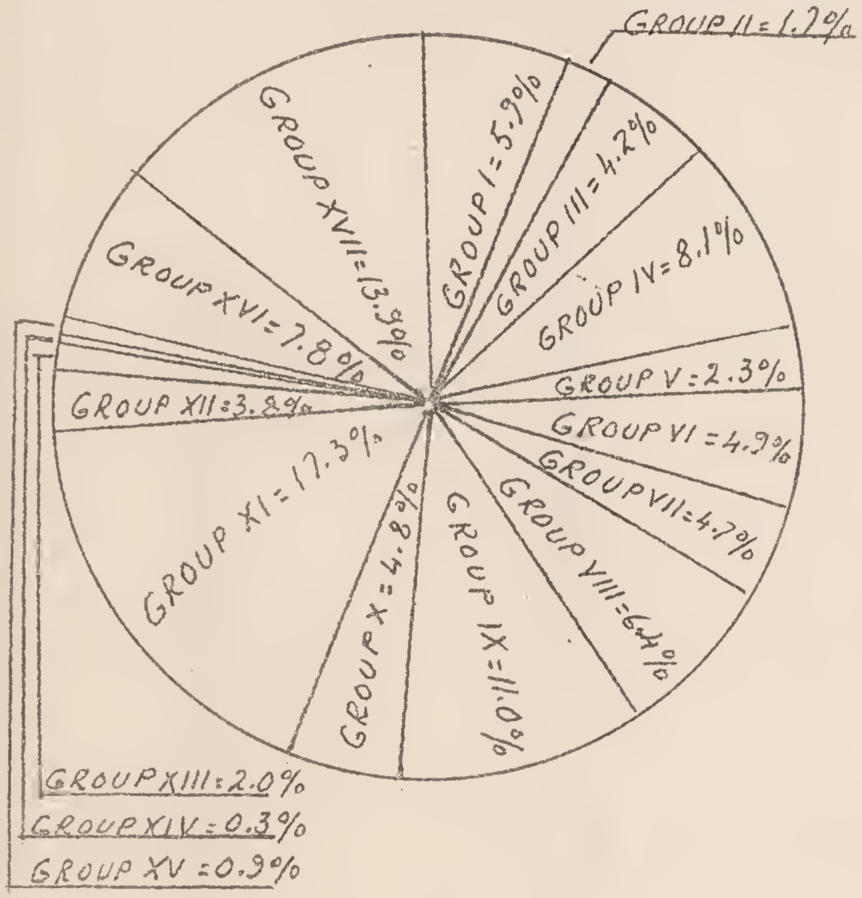


FIGURE V

YEAR 1955

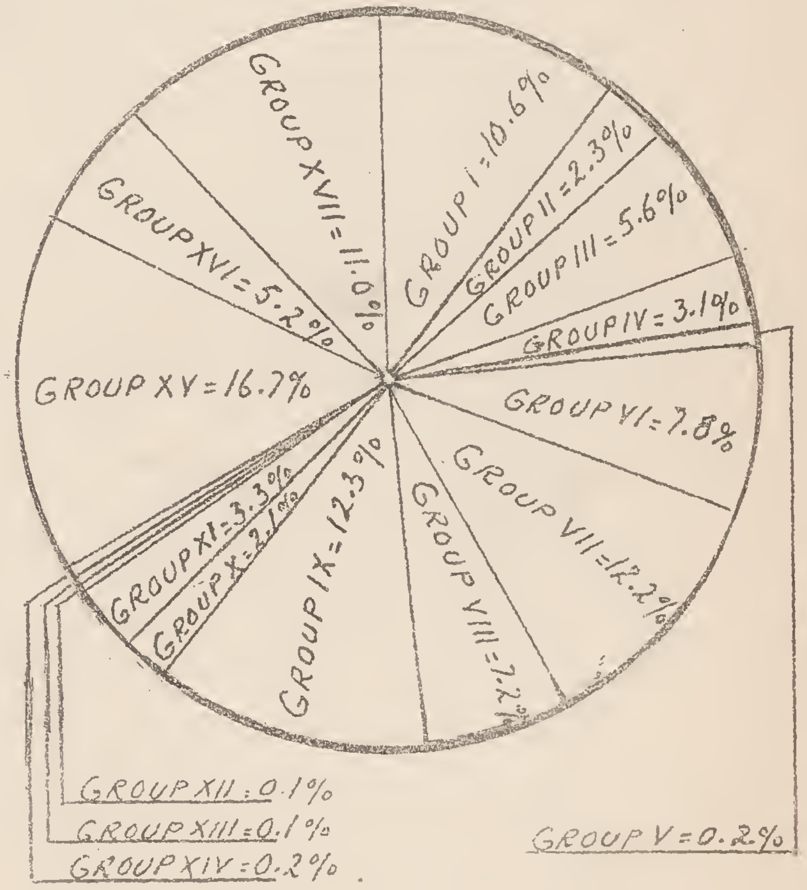
Proportion in percentages of diseases in hospital, by Section of the INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, 1948, to total cases treated in hospital.

Total Incidence=25,188



Proportion in percentages of deaths in hospital, by Section of the INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, 1948, to total deaths in hospital.

Total Deaths = 1,158



REFERENCE

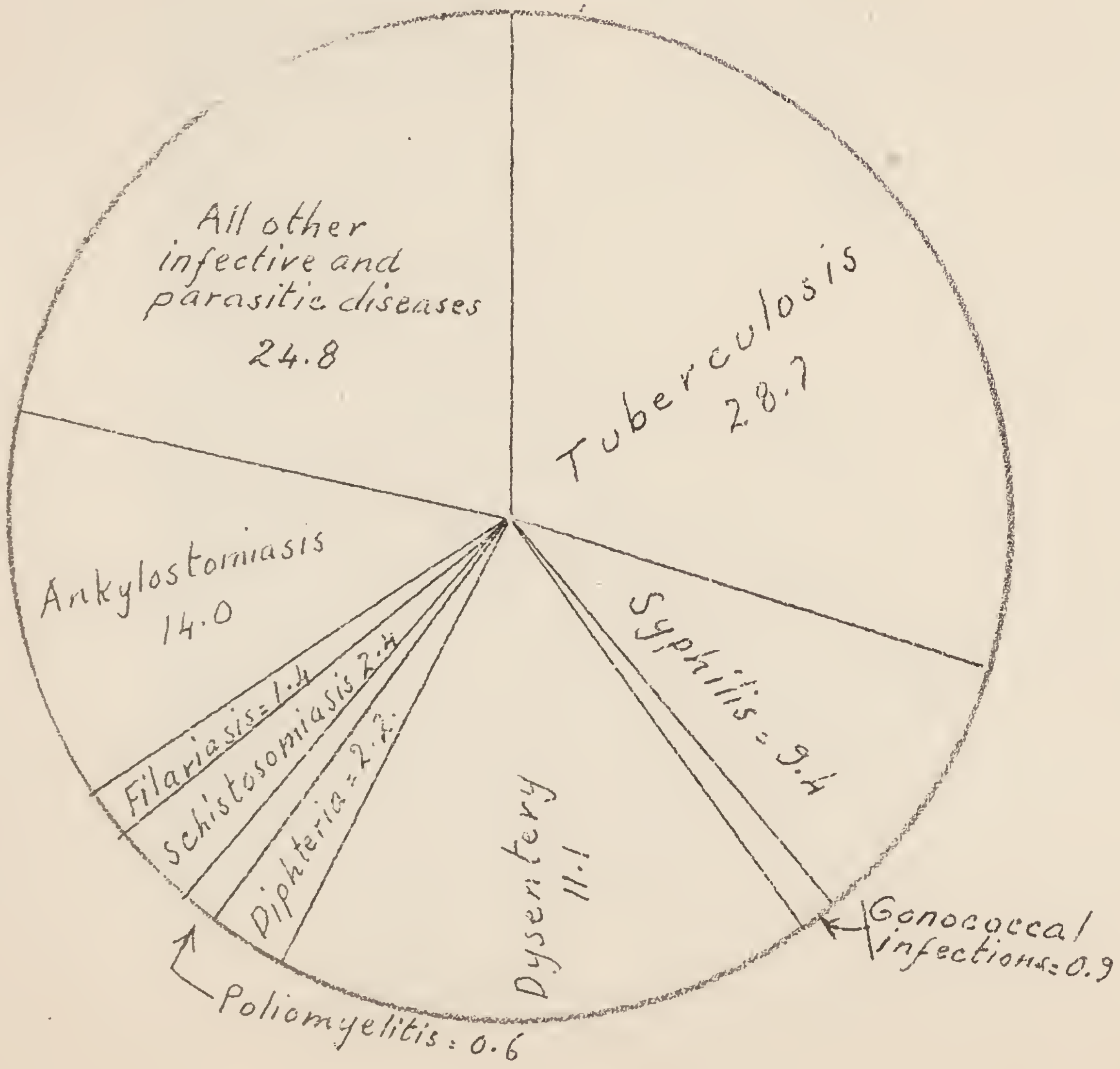
GROUP I. Infective and Parasitic Diseases.
GROUP II. Neoplasms.
GROUP III. Allergic, Endocrine System, Metabolic and Nutritional Diseases.
GROUP IV. Diseases of the Blood and Blood forming organs.
GROUP V. Mental, Psychoneurotic and personality disorders.
GROUP VI. Diseases, of the nervous system and sense organs.
GROUP VII. Diseases of the Circulatory system.
GROUP VIII. Diseases of the Respiratory system.
GROUP IX. Diseases of the Digestive system.
GROUP X. Diseases of the Genito-Urinary system.
GROUP XI. Deliveries and complications of Pregnancy, Childbirth and Puerperium
GROUP XII. Diseases of the skin and cellular tissue.
GROUP XIII. Diseases of the Bones and organs of movement.
GROUP XIV. Congenital Malformations.
GROUP XV. Certain Diseases of early infancy.
GROUP XVI. Symtoms, Senility and ill-defined conditions.
GROUP XVII. Accidents, Poisonings and Violence.

YEAR 1955

FIGURE VI

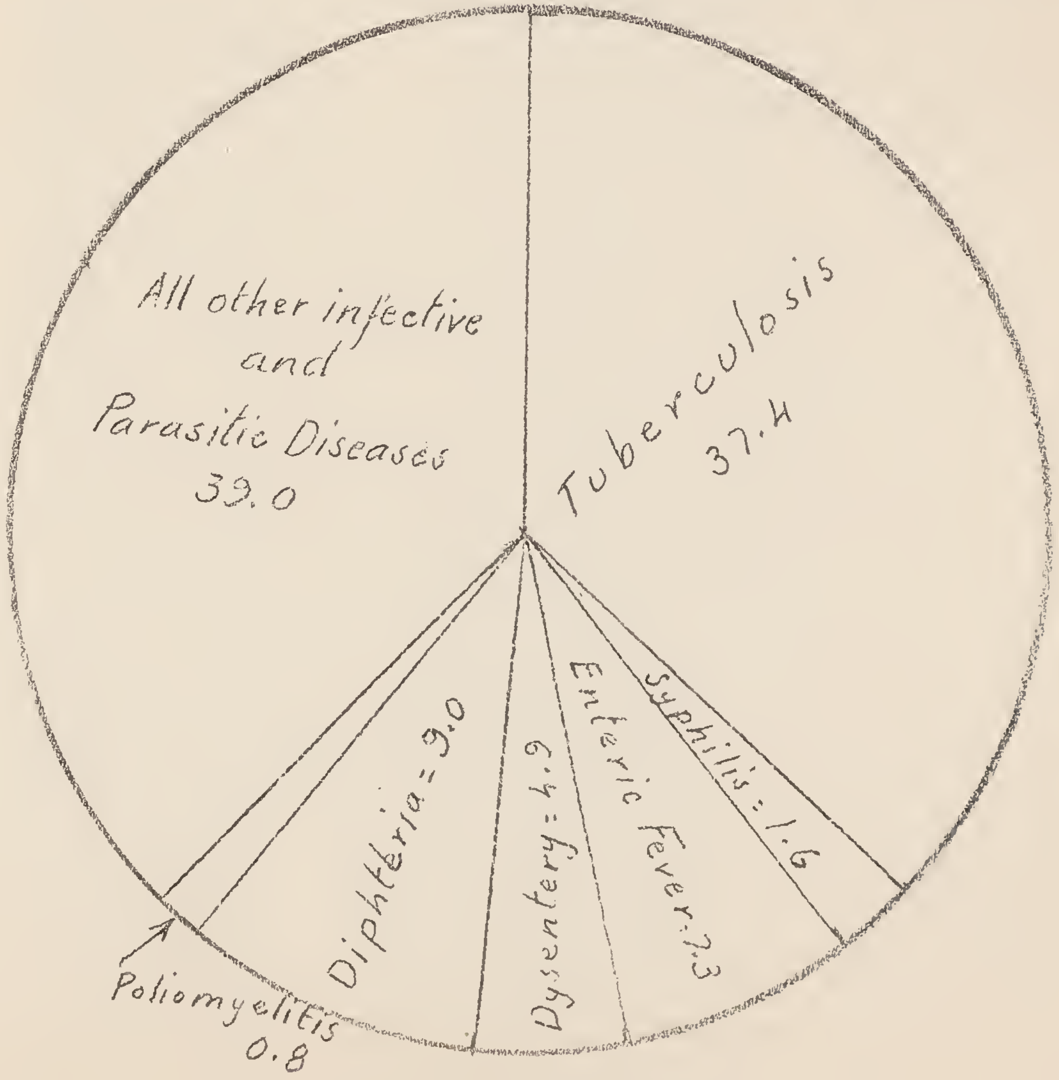
Proportion in percentages of certain infective and parasitic diseases treated in hospital to total cases of infective and parasitic diseases treated. (Section I of INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, injuries and causes of death.

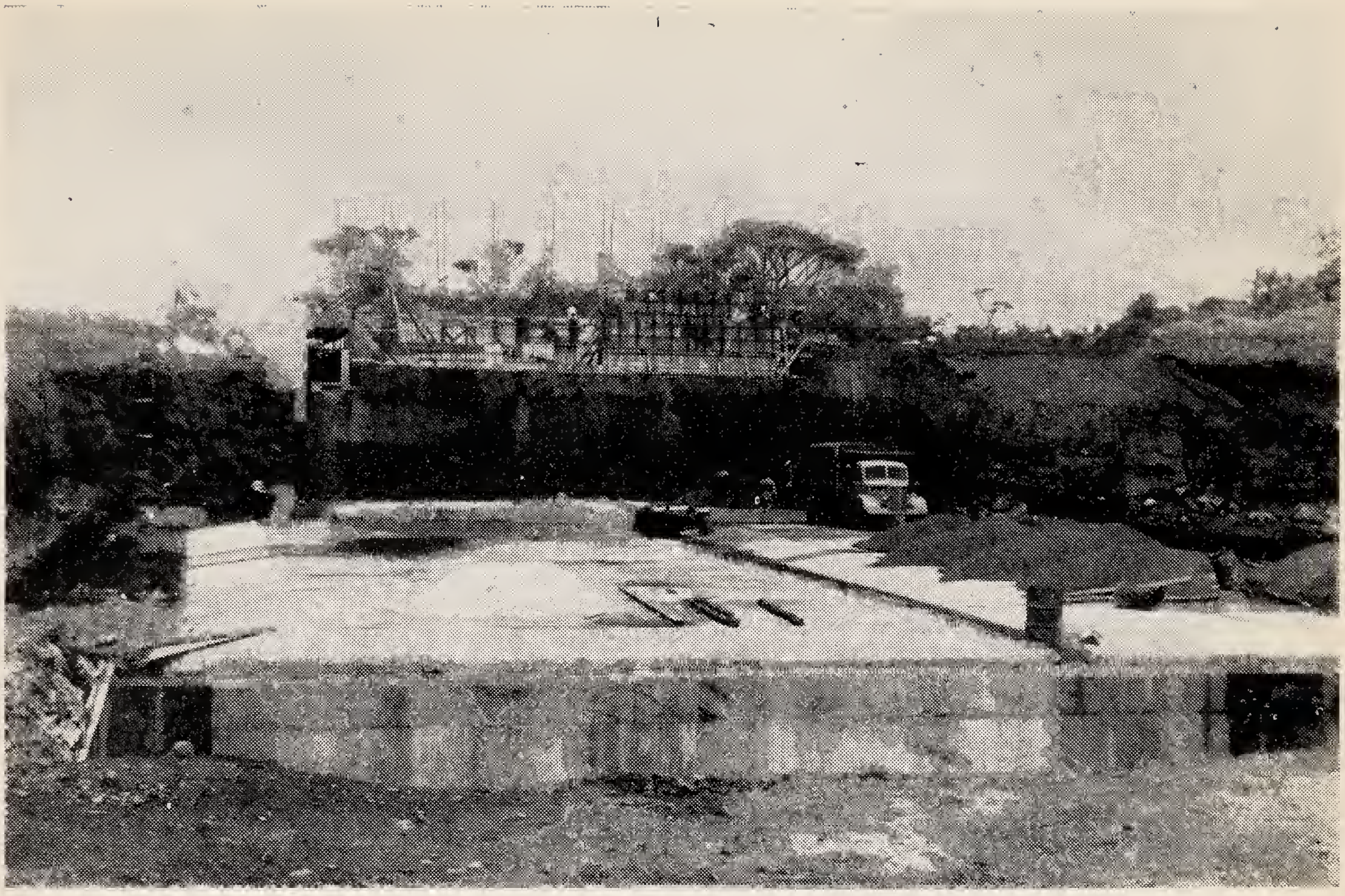
TOTAL INCIDENCE = 1,472



Proportion in percentages of deaths in hospital due to certain infective and parasitic diseases to total deaths in hospital, due to infective and parasitic diseases.

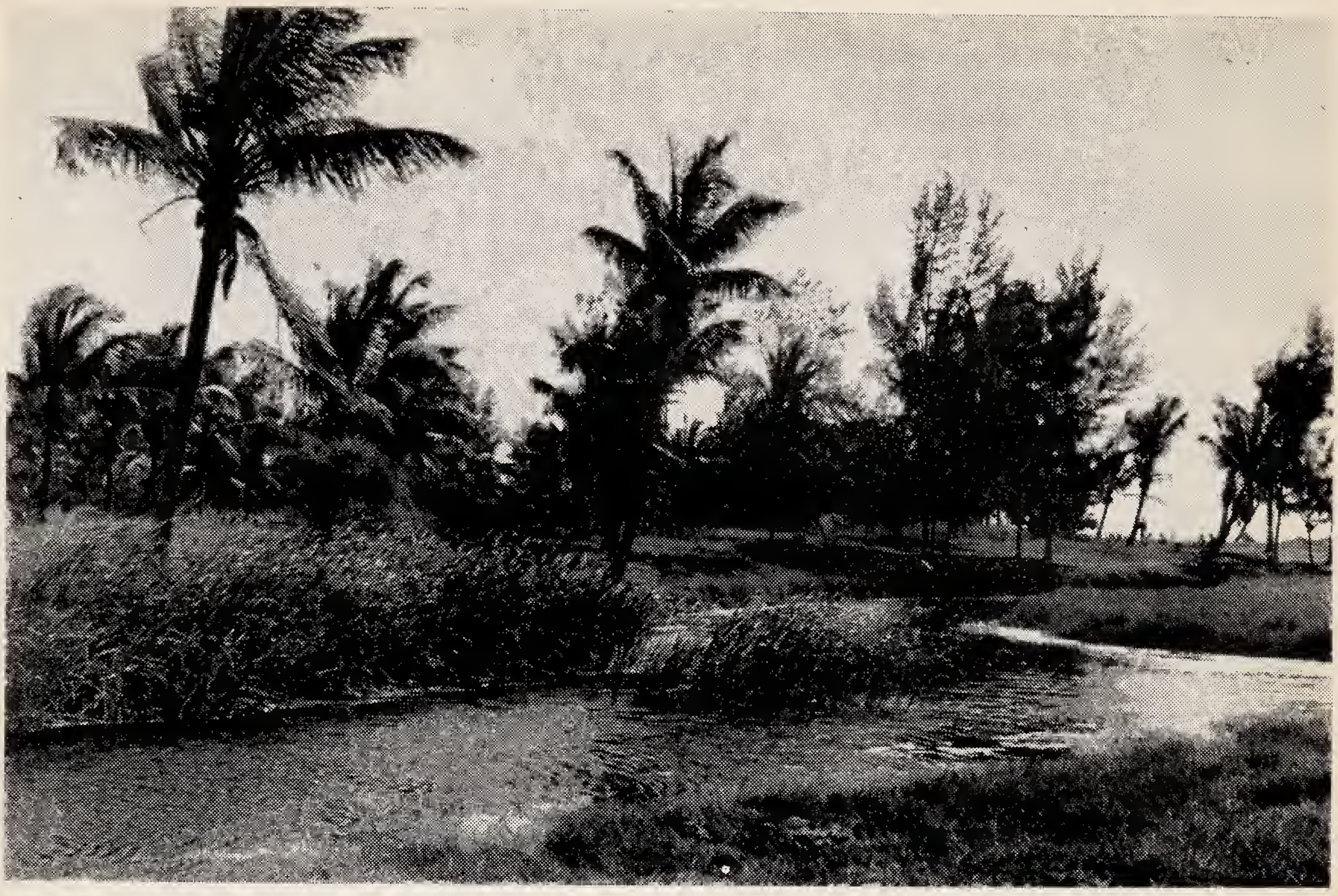
TOTAL DEATHS = 123



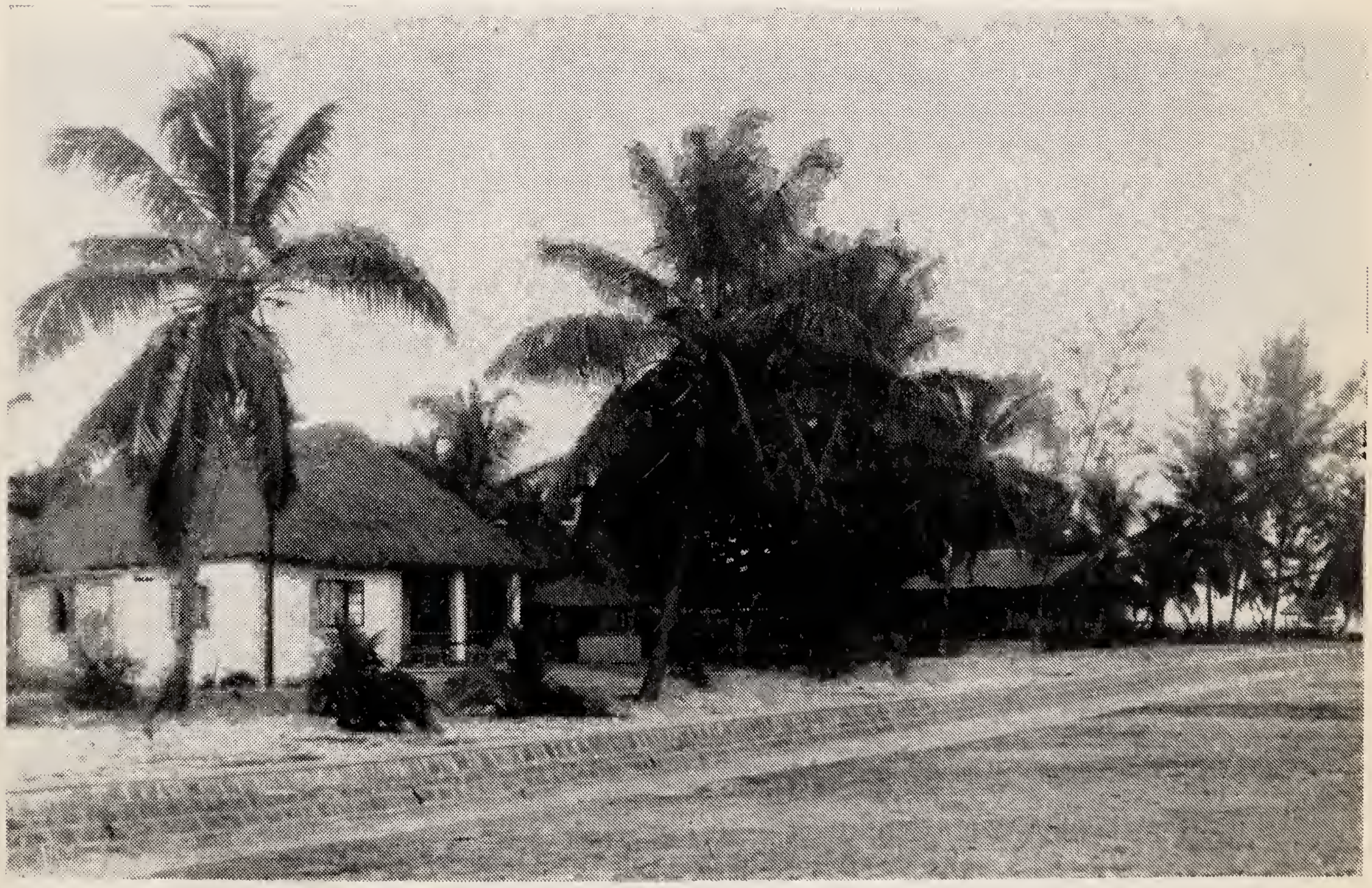


DEVELOPMENT OF WATER SUPPLIES
THE FILTERS UNDER CONSTRUCTION AT PITON DU MILIEU

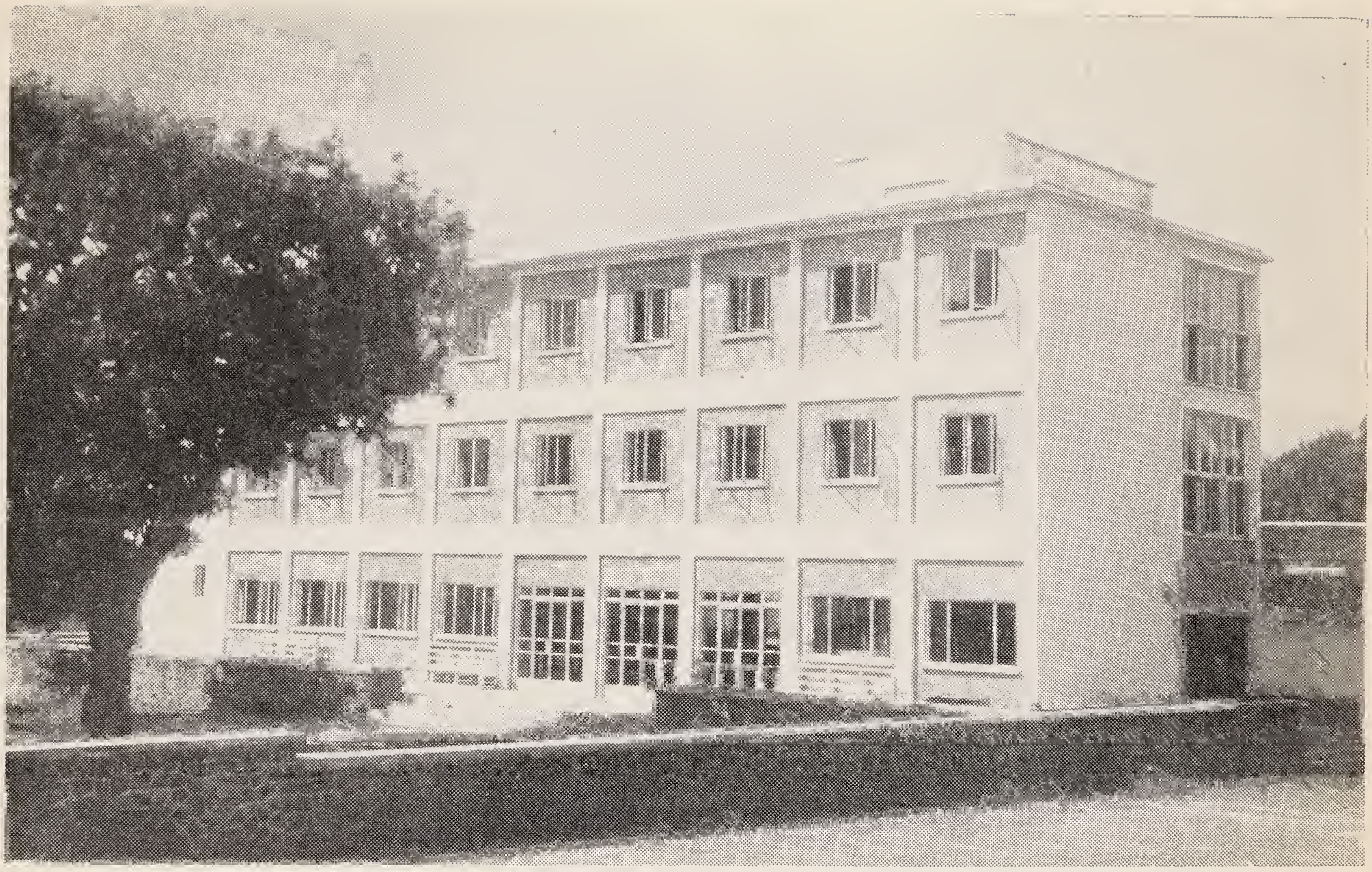
ORTHOPAEDIC PATIENTS BEING REHABILITATED



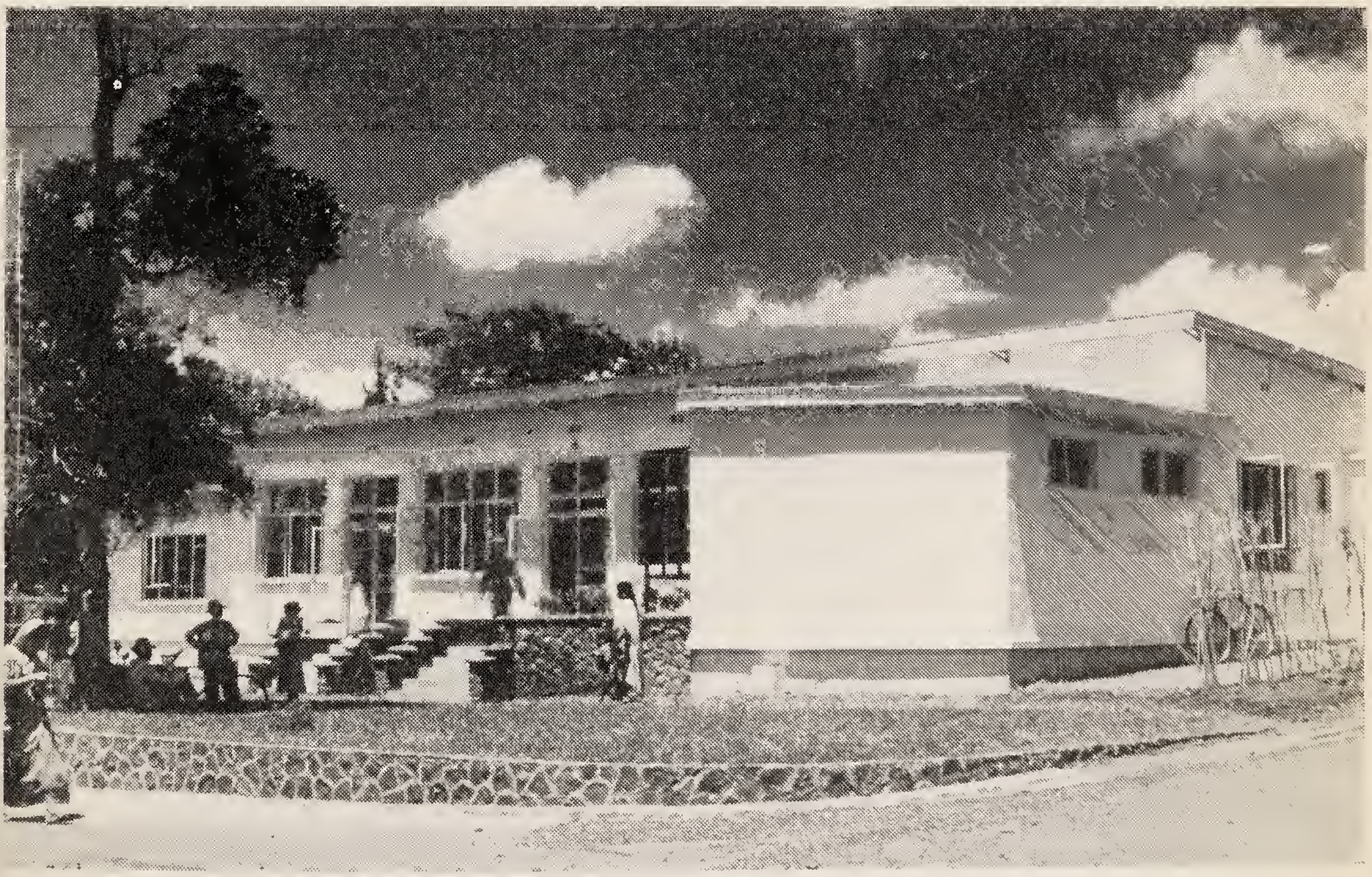
A MARSH AT POINTE AUX SABLES PRIOR TO ENGINEERING WORKS



THE SAME SITE AFTER COMPLETION OF THE WORKS
NOTE THAT BUILDING HAS ALREADY STARTED



THE NURSES' HOME, VICTORIA HOSPITAL, NEARING COMPLETION



THE HEALTH CENTRE OF ROSE HILL NEARING COMPLETION

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
20 NOV 1963